



San Diego's Voice on Mental Illness

An Illness Like Any Other

Mental Illnesses are Brain Disorders



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San Diego's Voice on Mental Illness

What is a Mental Illness?

Mental illnesses are disorders of the brain that disrupt a person's thinking, feeling, moods, and ability to relate to others. Just as diabetes is a disorder of the pancreas, mental illnesses are brain disorders that often result in a diminished capacity for coping with the ordinary demands of life.

Mental illnesses can affect persons of any age, race, religion, or income. Five million people in this country alone suffer from a serious, chronic brain disorder. These illnesses (disorders) greatly affect family members and society in general. Mental illnesses are not the result of personal weakness, lack of character, or poor upbringing.

Most importantly, these brain disorders are treatable. As a diabetic takes insulin, most people with serious mental illness need medication to help control symptoms. Supportive counseling, self-help groups, housing, vocational rehabilitation, income assistance, and other community services can also provide support and stability, leaving the focus on recovery.

Schizophrenia

Although widely feared and misunderstood, schizophrenia is actually a highly treatable brain disorder that affects about two million Americans today. Schizophrenia impairs a person's ability to think clearly, manage his or her emotions, make decisions, and relate to others.

Because the disorder causes unusual, inappropriate, and sometimes dangerous behavior, people with schizophrenia are often shunned and unnecessarily stigmatized. A person with schizophrenia does *not* have a "split personality," and the vast majority of those who suffer from schizophrenia are *not* dangerous, although their behavior can be quite unpredictable.

Schizophrenia can affect anyone at any age, but three-quarters of those with the disorder develop it between the ages of 16 and 25, and it affects slightly more men than women. Although the disorder runs in families, the chances of becoming ill with schizophrenia are very small for most people.

Symptoms

No single symptom positively identifies schizophrenia; all of the signs of the disorder can be found in other mental illnesses, and an individual's symptoms may change over time. However, some of the more common symptoms include:

Altered Senses Having trouble making sense of everyday sights, sounds, language, and feelings. Extra sensitivity to colors, shapes, and background noises.

Hallucinations, delusions, and confused thinking Hearing voices or seeing objects that don't exist (hallucinations). Holding ideas that are obviously false (delusions), such as believing oneself to have special powers.



San Diego's Voice on Mental Illness

Altered or blunted emotions Expressing inappropriate feelings or no feelings at all.

Other behavioral changes Moving more slowly, repeating rhythmic gestures, or adopting ritualistic movements such as walking in circles. Experiencing a lack of motivation and having trouble following through on tasks.

Causes

Scientists still don't know exactly what causes schizophrenia, but they do know that the brains of people with schizophrenia are different, as a group, from the brains of those who don't have the disorder. Many researchers suspect that --- like heart disease, cancer, diabetes, and other chronic illnesses --- some people inherit a genetic predisposition to develop schizophrenia under some conditions.

Treatment

Like diabetes, schizophrenia is a treatable disease for which a cure has not yet been found. However, the symptoms can be controlled with medication in most people. Doctors can't predict which drug will be best for which person, so some patients try several different medications before they find the one, or the combination of medications, that works best.

Individual and group counseling have also proven helpful in the treatment process. Hospitalization is often required in the initial stages of schizophrenia (or during serious relapses), but is usually replaced with outpatient services once an effective treatment method is determined.

In addition to medication, medication management, and other treatments, people with schizophrenia frequently require housing, rehabilitation, and community-based services and support.

Recovery

The vast majority of people with schizophrenia can improve with treatments now available, and prospects for the future are promising. Studies show that after ten years of treatment, one-fourth of those with schizophrenia have recovered completely, one-fourth have improved considerably, and one-fourth have improved moderately.



San Diego's Voice on Mental Illness

Bipolar Disorder (Manic Depression)

A medical disorder that affects more than three million Americans, bipolar disorder is highly treatable, and new options are continually improving the outlook for those who have the disorder.

People with bipolar disorder experience mood swings that alternate from periods of severe highs (mania) to lows (depression). These abnormally intense moods may last for days, weeks, or months and are often separated by periods of fairly normal moods

Symptoms

Although no single pattern of symptoms fits every person diagnosed with bipolar disorder, some symptoms are common.

Manic phase. Hyperactivity, explosive temper, impaired judgment, increased spending and sex drive, aggressive behavior, grandiose notions, and delusions. Also, an exaggerated feeling of being on top of things, productive, sociable, and self-confident. As the mood swing intensifies, a loss of control, disorganization, extreme irritability, and an eventual inability to function occur. Because the "highs" of mania are often described as one's best feeling ever, people with this disorder rarely seek treatment during a manic episode.

Depressive phase. Loss of capacity to experience pleasure, profound sadness and irritability, changes in sleep patterns, decrease in appetite, inability to concentrate, low self-esteem, and thoughts of suicide.

Causes

While no one knows the exact cause of bipolar disorder, scientific evidence suggests it is the result of a chemical imbalance that affects certain parts of the brain. Researchers are continuing to explore the origin of the disorder and have uncovered a strong genetic link to the illness. However, a serious loss, chronic illness, relationship or financial problems, or any major life change can also trigger an episode.

Treatment

After accurate diagnosis, people with bipolar disorder can be successfully treated with medication in 80 percent to 90 percent of all cases. Supportive counseling and psychosocial therapies have also proven helpful. How well treatment works also depends on the severity of the disorder, how long it has been going on, how an individual responds to the medical and psychological intervention offered, and how much responsibility he or she has assumed for recovery and maintaining a balanced lifestyle.



San Diego's Voice on Mental Illness

Recovery

Although bipolar disorder is a chronic disorder that requires ongoing treatment, almost all people can obtain substantial relief from their symptoms with proper therapy. Most who seek and comply with treatment can lead reasonably stable and satisfying lives

Major Depression

A serious medical illness that is much more than temporarily feeling sad or blue, major depression involves disturbances in mood, concentration, sleep, activity, appetite, and social behavior. Depression can develop in anyone at any age; and, although it is highly treatable, it is frequently a life-long condition in which periods of wellness alternate with recurrences of illness. Because the outward behavior of a depressed individual often seems relatively normal and rarely disrupts the lives of others to the extent of some other serious mental illnesses, major depression is often misdiagnosed or not diagnosed at all.

However, it is estimated that 1 out of every 5 women and 1 in 15 men will suffer from major depression in their lifetime.

Symptoms

The onset of the first episode of major depression may not be obvious if it is brief or mild. A depressive episode may develop gradually or affect a person quite suddenly, and it frequently is unrelated to current environmental factors. Although individuals manifest symptoms in individual ways, some of the more common are:

Changes in sleep Difficulty falling asleep, sleeping restlessly and/or excessively, and awakening without feeling rested.

Changes in appetite Decrease/increase in desire to eat.

Impaired concentration and decision-making Inability to pay attention to things. Major and minor decisions may seem overwhelming or impossible to make.

Loss of energy Lowered mental speed and activity, inability to perform normal daily routines, lack of new ideas and thoughts, and slowed responses to the environment.

Loss of interest Loss of capacity to experience pleasure. Former activities seem boring and unrewarding.



Low self-esteem Dwelling on losses or failures, excessive guilt, negative thoughts.

Feelings of hopelessness Belief that nothing will ever improve; thoughts of suicide. Depressed adolescents may also “act out” by showing anger, becoming aggressive or delinquent, abusing drugs/alcohol, doing poorly in school, or running away.

Causes

Most likely there is not one single cause of major depression. Scientific studies of the brain indicate a chemical dysfunction among depressed patients, and genetics are also thought to play a role. Life events, such as the death of a love one, a major loss or change, or chronic stress, may trigger depression too.

Treatment

Many types of treatment are available for major depression, and the type chosen depends on the individual and the severity and patterns of his or her disorder. In most cases medication and/or psychotherapy are used for effective treatment. People with severe depression respond more rapidly and consistently to treatment with medication, and those with recurring depression may need to stay on medication to prevent or lessen further episodes. Psychotherapy can alleviate the psychological or interpersonal problems often associated with major depression.

Recovery

With available treatment, 80 percent of people with serious depression can improve and return to their normal daily activities and feelings, usually in a matter of weeks or months. If one type of antidepressant medication does not work, often a different one will. How well treatment works depends on the type of depression, its severity, how long it has been going on, and how an individual responds to the medical and psychological interventions offered.

Above all, people with major depression need an accurate diagnosis and early treatment. Furthermore, once diagnosed, individuals must learn to recognize their own patterns of illness and develop ways to cope with them.



San Diego's Voice on Mental Illness

Compulsive Disorder

An anxiety disorder characterized by involuntary thought, ideas, urges, impulses, or worries that run through one's mind (obsessions) and purposeless repetitive behaviors (compulsions), obsessive-compulsive disorder is estimated to affect nearly one out of every 40 people in the United States at some point in their lives.

Obsessive-compulsive disorder (OCD) can strike men, women, children, and people of all ethnic and economic groups. Although most people at one time or another experience obsessive thoughts or compulsive behaviors, OCD is considered to occur when these feelings are experienced for more than an hour each day in a way that interferes with one's life. Symptoms typically begin during the teenage years or young adulthood.

Symptoms

Obsession. Intrusive, irrational thoughts, unwanted ideas or impulses that repeatedly build up in the patient's mind. Some of the most common obsessions are fear of contamination, fixation on lucky/unlucky numbers, fear of danger to self and others, need for symmetry or exactness, and excessive doubt. The sufferer knows these thoughts are irrational, but fears that they might be true. Trying to avoid such thoughts creates great anxiety.

Compulsion. Repetitive rituals such as handwashing, counting, checking, hoarding, or arranging. These actions may be accompanied by a feeling of momentary relief, but a sense of satisfaction or completion is not experienced. A feeling exists that these rituals must be performed or else something bad will happen.

Causes

Scientific evidence indicates that OCD results from a chemical imbalance in the brain. In layperson's terms, something in the brain is stuck, like a broken record. OCD is *not* caused by bad parenting or personality defects.

Heredity also appears to be a strong factor. If you have OCD, there's a 25 percent chance that one of your immediate family members will have it too.

Treatment

Medication and behavior therapy have both proven effective in reducing obsessive thoughts and compulsive behavior. Unfortunately, OCD is often misdiagnosed or not diagnosed. Additionally, people with OCD generally attempt to hide their problem rather than seek help. OCD is usually a chronic disease and will not go away by itself, so it is very important to seek treatment if and when symptoms appear.



San Diego's Voice on Mental Illness

Recovery

Response to treatment varies from person to person. Most people treated with effective medications find their symptoms reduced by about 40 percent to 50 percent. That can often be enough to change their lives, to transform them into functioning individuals.

Panic Disorder

A person who experiences four or more panic attacks (uncontrollable panic responses to ordinary, non-threatening situations) in a four-week period is said to have panic disorder. Two to five percent of Americans are thought to suffer from panic disorder, which most often first appears in the early twenties. Panic disorder is an anxiety disorder.

Panic attacks are often caused by specific phobias. Phobias are irrational, involuntary, and inappropriate fears of (or responses to) ordinary situations or things. Usually long-term, distressing, and restrictive disorders, phobias can lead to other serious problems, such as depression.

Symptoms

To be diagnosed as having panic disorder, a person must experience at least four of the following symptoms during a panic attack: sweating; hot or cold flashes; choking or smothering sensations; racing heart; labored breathing; trembling; chest pains; faintness; disorientation; or feelings of dying, losing control, or losing one's mind.

Phobias are divided into three types with the following symptomology:

Single (simple) phobia: Unreasonable fear of specific circumstances or objects, such as snakes or traffic jams.

Social phobia: Extreme fear of making a spectacle of oneself in public, thus forcing one to avoid public occasions or areas.

Agoraphobia: An anxiety disorder precipitated by the fear of having a panic attack in a setting from which there is no easy means of escape. As a result, sufferers of agoraphobia may avoid public and/or unfamiliar places. In severe cases, the sufferer may become confined to their home, experiencing difficulty traveling from this "safe place."



San Diego's Voice on Mental Illness

Causes

Panic disorder seems to run in families, and this suggests the disorder has some genetic inheritability or predisposition. Biological theories point to possible physical defects in a person's autonomic nervous system. Panic attacks can be caused by chemical or hormonal imbalances, drugs or alcohol, and stress or other situational events.

Treatment

Most often medication is used to block panic attacks, and when it is used in combination with cognitive or behavioral therapy, it allows people to overcome their fears and return to normal, functional living. Psychotherapy, peer support, and healthy living habits are also helpful in overcoming panic disorder.

Recovery

Seventy-five to ninety-five percent of those treated show significant improvement. Unfortunately, only about one quarter of those who suffer from this disorder ever seek appropriate treatment. Thus, family and friends can play an essential role in identifying and helping their loved one recover from this disorder.



San Diego's Voice on Mental Illness

What Can NAMI Do for You?

We provide a wide range of services to family members and individuals living with brain disorders.

Support

Nationwide, NAMI is a network of local affiliates and state organizations, offering educational meetings, family and consumer support groups, advocacy activities, and information and advice about treatment and community resources.

Education

We provide up-to-date, scientific information through our NAMI San Diego Helpline at 619.543.1434 or 800.523.5933, on our website www.namisaniego.org, and through our community education programs.

Available resources:

- Brochures and fact sheets on illnesses, medications, treatments and services
- NAMI San Diego's resource library of books, journals and tapes
- The Advocate, a monthly newsletter full of timely, practical information: legal, policy, and legislative updates; research findings; book reviews; fact sheets; and more.

Advocacy for services

At federal, state and local levels, the NAMI network demands improved services for people with serious brain disorders, such as greater access to treatment, housing, employment, and better health insurance.

Support for research

NAMI actively supports increased federal and private funding for research into causes and treatments of serious brain disorders.

Programs of NAMI San Diego

NAMI San Diego Helpline
In Our Own Voice: Living With A Mental Illness
Speakers Bureau'
NAMI Support Groups
NAMI Connection Recovery Groups
Continuing Education Scholarships
Family-to-Family Education Program
Programa Educacional de Familia-a-Familia
Hand-to-Hand Education Program
Peer-to-Peer Education Program
Programa Educacional de Persona-a-Persona
Schizophrenia Education for Families and Caregivers

First Contact
Representative Payee, Financial Assistance