



WHAT YOU SHOULD KNOW ABOUT

MENTAL HEALTH

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MENTAL ILLNESS 101+

Mental illness* is a condition marked by disorders of thought, mood, or behavior. It causes a person distress and impairs the ability to function psychologically, socially, occupationally, or interpersonally for a prolonged period of time.

A person with mental illness may have trouble coping with emotions, stress, and anger. It can be difficult to handle daily activities, family responsibilities, relationships, work or school. A person can have more than one type of mental illness at a time.

**NOTE: Mental illness cannot be diagnosed until general medical disorders have been first assessed for and ruled out.*

Classifications of Mental Illness

MOOD DISORDERS (MAJOR DEPRESSION, BIPOLAR DISORDER)

Mood disorders affect how we feel, such as persistent sadness or feelings of euphoria.

ANXIETY DISORDER (PANIC DISORDER, OBSESSIVE-COMPULSIVE DISORDER, PHOBIAS, POST TRAUMATIC STRESS DISORDER)

Anxiety disorders are characterized by the anticipation of future danger or misfortune accompanied by a feeling of being ill at ease.

SUBSTANCE-RELATED DISORDERS

These disorders include problems associated with the misuse of alcohol, nicotine, caffeine and illicit or other types of drugs. These are categorized as use, abuse or dependence.

PSYCHOTIC DISORDERS (SCHIZOPHRENIA)

Psychotic disorders impair a person's sense of reality. Although schizophrenia is the most notable, other disorders can be associated with psychosis at times.

COGNITIVE DISORDERS (ALZHEIMER'S DISEASE, DEMENTIA, DELIRIUM)

These disorders affect one's ability to think and reason.

DEVELOPMENTAL DISORDERS (AUTISM, ATTENTION-DEFICIT/HYPERACTIVITY DISORDER, LEARNING DISABILITIES)

Developmental disorders usually occur in infancy, childhood or adolescence. Even though these disorders are grouped together and encompass a wide range of problems, they do not necessarily share a common cause or a relationship among them.

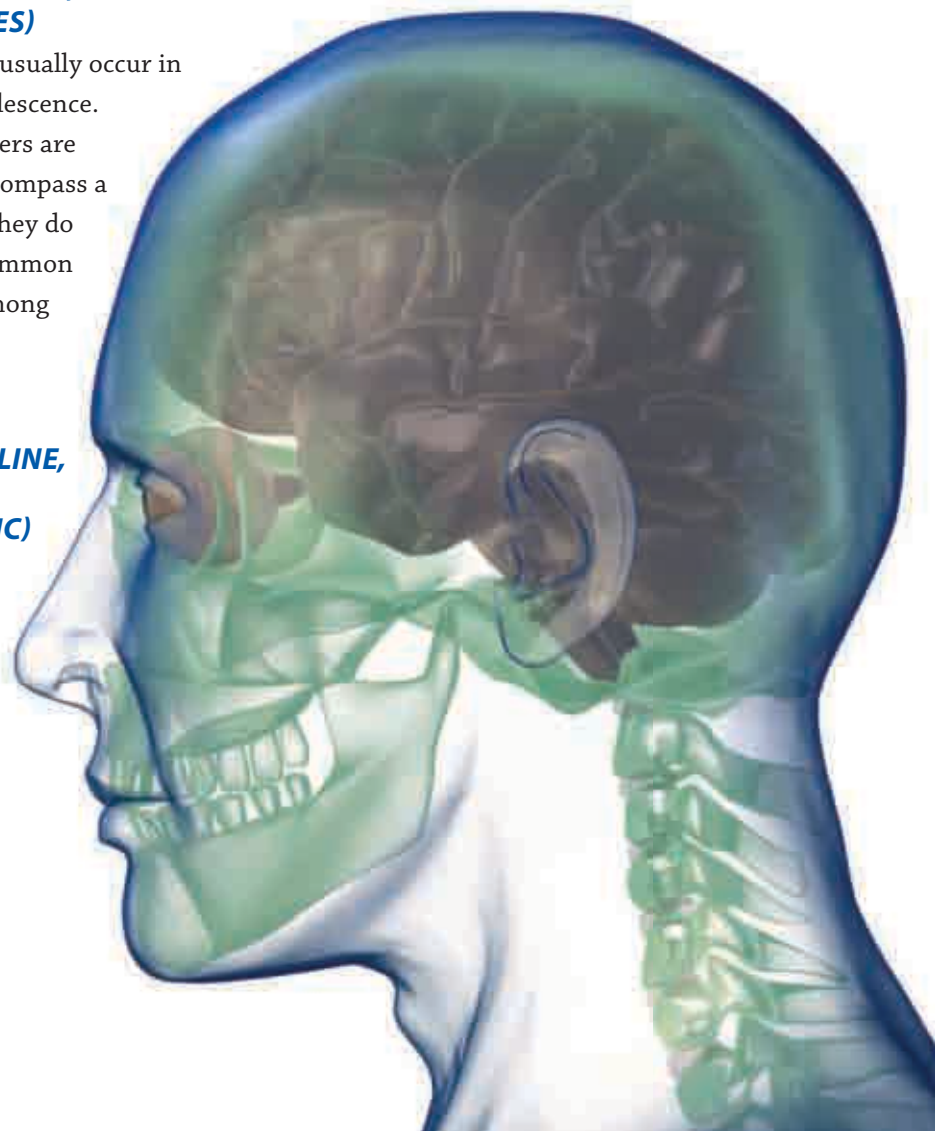
PERSONALITY DISORDERS (BORDERLINE, NARCISSISTIC, PARANOID, HISTRIONIC)

A personality disorder is an enduring pattern of inner experience and behavior that is dysfunctional and leads to distress or impairment.

OTHER DISORDERS (EATING DISORDERS, SLEEP DISORDERS, ADJUSTMENT PROBLEMS)

Other disorders are those in which a person's sense of self is disrupted, or the person has physical symptoms in the absence of a clear physical cause.

The list is not all-inclusive. If you believe that you or a loved one is experiencing any of the above, seek help. Remember, a mental illness cannot be diagnosed until and unless general medical problems have first been assessed for and ruled out.



Depression & anxiety

by Kate Thomas

DR. DANIEL SPOGEN OF UNR SAYS THE TWO ILLNESSES CAN COME FROM THE SAME SOURCE. BUT HELP IS AVAILABLE.

Depression and anxiety can affect everyone at some point in their lives for any number of reasons. Being aware of your feelings, your body and your habits is vital to improving your long-term physical and mental health. Dr. Daniel Spogen, Chairman of the Department of Family and Community Medicine at the University of Nevada, Reno, has more than 23 years of experience in private practice as a primary care physician and he is extremely knowledgeable about patients with depression and anxiety. He talked about depression and anxiety and identified these illnesses as some of the most common reasons people visit the doctor's office, whether the patient realizes it or not.

"(People) don't come in just for a sore throat or a cold; they come because they are not tolerating it or dealing with it. Much of that is related to anxiety and depression," Spogen said. "That co-factor is present in fifty percent of office visits."

DEFINITIONS

Anxiety is a state of distress or uneasiness caused by a fear and worry of danger or misfortune. People suffering from anxiety often experience physiological signs such as sweating, tension and increased pulse.

Depression is a state of feeling sad marked especially by inactivity, difficulty with thinking and concentration, disruptions in appetite and sleep patterns, feelings of hopelessness and sometimes suicide.

CAUSES

Spogen identified the top three causes of anxiety and depression: marital, financial or professional relationships.

Often when there are problems in any of these areas, a person's confidence can be undermined, leading to anxiety. In Spogen's opinion, depression and anxiety go hand in hand. Often, if a person is having problems coping, the first response is to be anxious. Then, as the anxiety develops, depression can set in.



Spogen mentioned the differences in the way each gender reacts to depression and anxiety.

"There are generalizations," Spogen said. "For example, women want to talk about things and the talking makes them feel better. It helps them become more aware of what is going on with them psychologically. For men, it manifests differently. Men may become extra angry in response to a colleague. That is a coping skill issue."

Spogen explained that coming to the doctor to complain about a cold

feels safer than going to a psychologist and admitting feelings of depression. He said each case is unique, and he really has to consider with whom he is dealing.

"Middle-aged males don't come to the doctor's office very often, and it is usually for one of two reasons," Spogen said. "Either their wife tells them they have to, or there is something else that is really bugging them and they are uncomfortable talking about it."

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Spogen doesn't necessarily believe that anxiety and depression are hereditary, but he does believe you learn a lot from your parents about how to cope.

"You are a product of your parents," Spogen said. "If your parents' coping skills weren't the best, then your coping skills aren't going to be the best either." Spogen rationalized that we develop our coping skills at a young age; usually by the time we are 3 or 4 years old. With this in mind, by the time a person is old enough to suspect that they have coping issues, they already have many habits embedded in their personality. Spogen said that people can overcome these issues, but that it can be difficult.

There have been many studies in the relationship between cardiac problems and mental health. Spogen discussed how when a person has experienced a heart attack, or suffered with a heart condition, they can develop post-cardiac syndrome.

"The person feels vulnerable," Spogen said. "They used to think they could beat the world and now they feel that if they do the wrong thing they are going to die." Some studies show that the most successful therapeutic process for people who have had a heart attack is to address their psychosocial health. A person who has had a heart attack is much more likely to have another, so taking control of that person's emotional health is a top priority.

SYMPTOMS

The symptoms of anxiety and depression can be vast and what a person believes to be physical illness can actually be signs of anxiety. Spogen was optimistic about correcting early stages of anxiety, but agreed that when anxiety inhibits a person's life and is left undiagnosed, it can become dangerous.

"Initially, the anxiety actually may be productive—you get a bit anxious about things, maybe you pay more attention and take action," Spogen said. "But when patients are so anxious they cannot sleep at night or are unable to concentrate at work, that's when changes need to be made. The worst case scenario is that the person can become suicidal."

Panic is different from anxiety and depression. Spogen said only 15 percent of patients he treats for anxiety disorders have panic attacks. He explained that panic is an extremely heightened anxiety state and most people do not get that far.

"Panic necessarily involves the body, with signs such as chest pains, hyperventilating, or visible shaking," Spogen said.

TREATMENT

The treatment for patients struggling with depression and anxiety is unique to each individual and differs from patient to patient. Typically, for people suffering severe panic, the doctor is likely to prescribe a medication to calm them. These medications can be addictive and are not intended to be long-term solutions for anxiety or depression.

“Good sleep, good nutrition and a good amount of exercise... I encourage daily exercise... getting a proper amount of sleep is very important.”

DR. DANIEL SPOGEN,
Chairman of the Department of Family and
Community Medicine at UNR

Long-term anti-depressants, however, are not addictive, and a patient can take them for extended periods of time. In general, Spogen said that a patient should expect treatment for anxiety and depression to last a minimum of six months, however, some people need up to a year and beyond. He explained that some become depressed again when they come off their medication. He also deliberated how some patients can be off medication for two to three years and then relapse to their original coping skills. Often, they go back on medication.

"Some patients become dependent on the medication because they remember how bad they felt when they were depressed and don't want to go back there," Spogen said. "They don't want to come off the medication."

Spogen has a psychologist on staff at the clinic to help his team see the differences in disorders. There are two types of treatment for depression and anxiety—psychotherapy and medication. Also, a behavioral health practitioner is a beneficial part of long-term treatment.

ADVICE

Spogen offered guidelines for people suffering with anxiety and depression. First, he advised patients to be aware of their bodies, to acknowledge when there may be an issue, and to know that there is help. He suggested that a good starting point is to visit a family physician as they can advise you on the best steps to take. Spogen encouraged good behaviors in everyday life.

"Good sleep, good nutrition and a good amount of exercise," Spogen said. "I encourage daily exercise, even if nothing more than a walk around the block. And getting a proper amount of sleep is very important." Spogen reviewed how sleep can affect a person suffering from anxiety and revealed that some professionals blame anxiety entirely on sleep disorders. Spogen described sleep cycles that we all experience every night. First we go into a deep sleep, known as a Stage Four Sleep. This gets lighter and lighter until we reach rapid eye movement, or REM sleep. Typically, there are three cycles a night. Spogen said. "If you aren't sleeping well you probably are not getting enough REM sleep, and good REM sleep is correlated with good coping skills."

Additionally, Spogen recommended daily journaling to help deal with anxiety and depression. "I encourage patients to write everyday about things that bother them and also the good things that happened," Spogen said. "It is important to be mindful of the good things."

As for natural remedies, Spogen recommended St. John's Wort as a natural source to help with anxiety and depression. St. John's Wort can be found in most health food stores.

CHILDREN AND DEPRESSION

Treating children for depression is a very complicated process, and in all cases, it is important to seek professional advice. There are a number of ways a child indicates they are depressed such as performing badly in school or bed wetting. "It is much more difficult to handle childhood depression than adult depression," Spogen said. "The medication is not as effective, the therapies are not as effective and you really need pediatric specialists."

Healing powers

PEOPLE WITH MENTAL ILLNESS CAN LIVE PRODUCTIVELY BUT ONLY IF THEY GET HELP. NAMI CAN HELP.

by Bridget Meade



Bunchie Tyler sits in a recliner in her living room, surrounded by birdcages and paperwork from her duties as president of the Northern Nevada Alliance on Mental Illness. She looks up in time to see a scraggly man pass by on the street.

“Ah, there is one of our individuals with a mental illness who is homeless,” she says with a caring tone in her voice. “I recognize many of them. Most of our homeless population suffers from a mental illness.”

Tyler’s work is not just about giving to the community—it’s personal. She knows firsthand how mental illness affects the inflicted and their loved ones. Her husband, Joe, was diagnosed with schizophrenia 30 years ago. It wasn’t until Joe found the right medication about 15 years ago that he was able to regain skills and start living a normal life again.

“People with mental illnesses are not retarded,” Tyler explained. “In fact, they are usually brilliant, but there is an imbalance in their brain. When he was first diagnosed, it was like the person I knew died. However, the meds enabled him to return to a productive life.”

A productive life is what the folks at NAMI try to help people regain by offering free classes and resources for the mentally ill and their families. On May 19, the Northern Nevada Alliance on Mental Health will host a Stomp Out Stigma Walk for Mental Health at Idlewild Park from 11 a.m. to 4 p.m. to raise money for NAMI’s support services. It will feature a silent auction, comedians, and speeches from community leaders.

“It’s like having a broken leg, but it’s a broken mind. It heals just the same—it takes time to heal.”

BUNCHIE TYLER,

President of the Northern Nevada Alliance on Mental Illness

All donations made to NAMI stay in the community to help those in need, such as providing a pair of glasses for a client who can’t afford them or Peer-to-Peer programs where individuals learn coping skills from others with the similar issues. NAMI also holds support groups at homeless shelters, provides housing assistance, and has monthly dinners for clients and families. However, it’s not just about educating those affected by a mental

illness; NAMI also hopes to educate the community to get rid of the stigma associated with the diseases.

“Community is going to be our biggest ally as time goes on,” Tyler said. “The police are overloaded, everything is overloaded. The community is going to have to step up and help take care of the mentally ill.”

According to NAMI, mental illness affects one in four adults and one in 10 children. The term mental illness encompasses diseases such as depression and anxiety, post traumatic stress disorder (PTSD), psychosis and bipolar disorder.

“Anyone who behaves out of the norm of society’s expectations, has an illness,” Tyler said. “It’s a disease of the mind. It’s like having a broken leg, but it’s a broken mind. It heals just the same—it takes time to heal.”

NAMI’s mission is not an easy one to complete. Mental illnesses can be controlled with proper treatment, but the stigma attached to mental illnesses is so strong that people often don’t seek help when they need it. When they finally do, it is a struggle for all parties concerned to cope with the new situation.

“When someone is first diagnosed, medication compliance is a huge issue,” Tyler explained. “Most people don’t understand they are mentally ill. Their brain is blocked from understanding they have an illness. You don’t want to take the meds. Suicide is also another concern. People are terrified they will lose their loved ones.”

Family and community support is critical for those suffering from a mental illness to lead productive lives. Tyler noted that many people with mentally illness lose the support of their families and loved ones.

“Many are ashamed,” she said. “They don’t even want to tell me what is going on when they first call NAMI for support.”

However, Tyler and the 92 local NAMI members are ready to educate the community about illnesses that affects more than 60 million Americans. Understanding mental illnesses will help get people off the streets and help lessen the stigma.

“Mental illness doesn’t discriminate,” Tyler said. “It can happen to anyone. A little knowledge goes a long way.”

Erase the stigma

TREATMENT FOR MENTAL ILLNESS HAS COME A LONG WAY, BUT THE STIGMA REMAINS

By Alexandra E. King

As far as mental illnesses go, Joe Tyler's case is severe. He has schizoaffective disorder. He sits in his office preparing to discuss his illness and the importance of addressing the stigmas associated with mental illnesses. It is not easy talking about how his mental illness changed his life.

Tyler was diagnosed with schizoaffective disorder more than 30 years ago at the age of 28. He has come a long way to become the president of the National Alliance on Mental Illness, Nevada (NAMI). He works with NAMI to provide more opportunities for the mentally ill by addressing stigmas and raising awareness about mental health issues.

"80 percent of people with mental illnesses recover."

JOE TYLER,
President of Nevada NAMI

"I know first hand what stigma entails," says Tyler. He felt like he couldn't tell anyone about his mental illness because he thought it would make him unemployable.

As is often the case, the stigma against mental illness does not come entirely from outside the sufferer. Tyler's self-stigma prevented him from talking about his issue with his employer, and it affected his entire future. According to PsychCentral.com, Tyler's case was not unusual: "For many Americans suffering with mental illness, a fear of stigma often keeps them from seeking the medical help they need. When others find out, the sufferer can experience discrimination in employment, housing, medical care and social relationships, and this negatively affects the quality of life for these individuals and their loved ones."

After Tyler left the Dini-Townsend Hospital, where he had sought help, he began volunteering there. Later, he was offered the president position of NAMI Nevada, and he began his life's work of addressing mental illness stigmas. Today, Tyler battles negative perceptions of those who have mental illness as a way of life. Tyler attends support groups daily, and he speaks to patients at the Dini-Townsend Hospital, the same hospital where he was once a patient. He talks about the importance of acceptance. Acceptance, he says, is a step on the road to recovery for those who suffer from mental illnesses and overcoming their own fears.

According to the National Institute of Mental Health, one in four adults experiences a mental health problem in any given year. From eating disorders and depression to the less-talked-about schizophrenia, the stigma that accompanies mental illnesses can be a barrier to a fulfilling life. Tyler says education is the key to getting over this obstruction and that people need to understand that 80 percent of people with mental illnesses recover—the knowledge that people will competently function helps to diminish stigma and alleviates worries for the people around them.

The medications that are now available for people with mental illnesses are much more effective than the medications that were available to Tyler 30 years ago. Tyler says once he was on his medication, it felt as though a fog had lifted. Tyler has encouragement for people burdened with mental illnesses because medications continue to improve in efficacy, and that effectiveness also helps to undermine the cultural stigma. When people get accustomed to working with or being around people who have mental issues, they lose their fear.

The combination of improved medicine and early detection makes mental illness an



increasingly manageable obstacle. According to NAMI, early detection and treatment can drastically reduce the damage caused by the illness.

Tyler says the media, too, play a role in both increasing the stigma of mental illness and helping to alleviate it through education. He says that too often there are stories in the press about a "wacko" who goes off of his medication and murders someone. Tyler says that most of the time, the mentally ill are the victims of crimes, not the criminals. Many mentally ill citizens who don't have good support systems end up homeless and on the streets, which makes them easy targets.

Tyler uses the media to educate others about mental illness. He writes for the NAMI Nevada Recovery Journal, and conducts interviews.

Myths & Facts

Mental illness is very common and also widely misunderstood. People with mental illness are frequently stigmatized by others. Yet, mental illness can happen to *anyone* regardless of race, ethnicity, gender, age or background.

What are the myths you've heard? Well, **HERE ARE THE FACTS . . .**

Myth: There is no hope for people with mental illness.

Fact: Today, there are more treatments, services and community support systems than ever before, and people with mental illness can and do lead active, productive lives.

Myth: Psychiatric disorders are not real medical illnesses like heart disease and diabetes. People who have a mental illness are just “crazy.”

Fact: Mental disorders, like heart disease and diabetes, are legitimate medical illnesses. There are genetic and biological causes for psychiatric disorders, and they can be treated effectively.

Myth: There's not much I can do for people with mental illness.

Fact: You can do a lot, starting with how you act and speak. For example:

- Don't label people with words like “crazy,” or “wacky.” These words are belittling.
- Do not say that someone “is a schizophrenic.” That kind of labeling is demeaning. Instead, say the person “has schizophrenia” or is “a person with schizophrenia.” It's important to use words that make a distinction between the person and the illness.
- Learn the facts about mental health and share them with others. Speak up when you hear something that isn't correct.
- Treat people with mental illness with respect and dignity, just as you would anybody else.

Myth: Mental illness doesn't affect me.

Fact: Mental illness is surprisingly common and it affects almost every family in America. Mental illness does not discriminate—it can affect *anyone*.

Myth: Mental illness is the same as mental retardation.

Fact: These are different conditions. Mental retardation is characterized by limitations in

intellectual functioning and difficulties with certain daily living skills. In contrast, people with mental illness—a condition that causes changes in a person's thinking, mood, and behavior—have varied intellectual functioning, just like the general population.

Myth: Mental illness is brought on by a weakness of character.

Fact: Mental illness has to do with an interaction of biological, psychological and social factors. Social influences, like the loss of a loved one or a job, can also contribute to the development of various mental health problems.

Myth: People with mental illness cannot tolerate the stress of holding down a job.

Fact: All jobs are stressful to some extent. Anybody is more productive when there's a good match between the employee's needs and the working conditions, whether or not the worker has a mental health problem.

Myth: People with mental illness are violent and unpredictable.

Fact: Actually, the vast majority of people with mental health conditions are no more violent than anyone else. People with mental illness are much more likely to be the victims of crime.

Myth: People who talk about suicide do not commit suicide.

Fact: Few people commit suicide without first letting someone else know how they feel. Eight out of 10 people who commit suicide have spoken about their intent before killing themselves. Suicidal comments should always be taken seriously as they often lead to plans, attempts, or completions.

Myth: Children don't experience mental illness; their actions are products of bad parenting.

Fact: In any given year, 5 to 9 percent of children experience serious emotional disturbances. Just like adult mental illness, these are clinically diagnosable health conditions that are a product of the interaction of biological, psychological, and social factors.

Myth: Children misbehave or fail in school just to get attention.

Fact: Behavior problems can be symptoms of emotional, behavioral, or mental problems, rather than merely attention-seeking. With appropriate understanding, attention and mental health services, these children can succeed in school.

Myth: Therapy and self-help are a waste of time. Why bother when you can just take a pill?

Fact: Treatment varies depending on the individual. A lot of people work with therapists, counselors, friends, psychologists, psychiatrists, nurses, and social workers during the recovery process. They also use self-help strategies and community supports. Often they combine these with some of the most advanced medications available.

Myth: Once people develop mental illness, they will never recover.

Fact: Studies show that most people with mental illness get better, and many recover completely. Recovery is the process by which people are able to live, work, learn and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life. For others, recovery means the reduction or complete remission of symptoms.



General Mental Health RESOURCES

NEVADA STATEWIDE

2-1-1 – Quick dial for information about Nevada Mental Health Services
1-800-273-8255 – Suicide Prevention & Crisis Hotline
1-888-273-8255 press 1 – Veterans Crisis Hotline
1-800-522-4700 – Problem Gamblers Help Line
1-775-684-4190 or **1-702-486-8250** – Substance Abuse Prevention and Treatment Agency
1-800-272-3900 – Alzheimer's Association of Northern Nevada Help Line 24/7
www.suicideprevention.nv.gov – State of Nevada Suicide Prevention website (know the warning signs)

NORTHERN NEVADA

1-775-829-4472 – Center for Behavioral Health
1-775-688-2001 – Northern Nevada Adult Mental Health Services
1-775-323-0478 – West Hills Hospital
1-775-445-7756 (or 24-hour Crisis Line - 1-775-885-8866) – Carson Tahoe Behavioral Health
1-775-322-1346 – National Alliance of Mental Illness of Northern Nevada
1-775-334-3033 – Mojave Reno Adult and Youth Clinic
1-775-448-9950 – Northern Nevada PEP (Parents Empowering Parents)
1-775-786-6880 – Quest Counseling (co-occurring disorders treatment)
1-775-329-0623 x 107 – Family Counseling Services of Northern Nevada (co-occurring disorders treatment)
1-775-954-1400 – Bristlecone Family Resources (co-occurring disorders treatment)
1-775-782-8692 – Family Support Council – Domestic Violence/Sexual Assault
1-775-356-1279 – Senior Bridges at Northern Nevada Medical Center (50 and older)
1-775-786-8061 – Alzheimer's Association of Northern Nevada

RURAL NEVADA

1-702-346-3344 – ABC Therapy – Mesquite
1-775-751-5211 – Stepping Stones Behavioral – Pahrump
1-775-623-6580 – Winnemucca Mental Health Center
1-775-829-4472 – Center for Behavioral Health – Elko
1-775-738-7847 – Alliance on Mental Illness of Elko
1-775-687-5162 – Rural Clinics – Mental Health
1-775-782-1599 – Carson Valley Medical Center – Vitality for Life (Senior depression and anxiety)
1-866-333-8059 – Tears & Rainbows (Reno, Carson City, Fernley – Bereavement support groups)
1-800-870-8937 – Tahoe Youth/Family Services
1-775-883-7654 – Domestic Violence Support (Carson City)

SOUTHERN NEVADA

1-702-968-5000 – Mojave Las Vegas Adult Clinic
1-702-253-0818 – Mojave Las Vegas Youth Clinic
1-702-388-8899 – Southern Nevada PEP (Parents Empowering Parents)
1-702-364-1111 – Montevista Hospital
1-702-486-6000 – Southern Nevada Adult Mental Health Services
1-702-310-5764 – National Alliance of Mental Illness of Southern Nevada
1-702-251-8000 – Harmony Healthcare
1-702-369-8700 – Community Counseling Center (co-occurring disorders treatment)
1-702-474-6450 – Bridge Counseling (co-occurring disorders treatment)

