

MODULE I: HANDOUTS

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Some Common Mental Illnesses

What follows are brief descriptions of some of the most common mental illnesses. To learn more about any one of these disorders, visit the Substance Abuse and Mental Health Services Administration Web site at www.mentalhealth.samhsa.gov/publications/browse.asp and the National Institute of Mental Health Web site at www.nimh.nih.gov/publicat/.

Anxiety Disorders

Panic Disorder:

Panic disorder affects about 2.4 million adult Americans and is twice as common in women as in men. A panic attack is a feeling of sudden terror that often occurs with a pounding heart, sweating, nausea, chest pain or smothering sensations, and feelings of faintness or dizziness. Panic disorder frequently occurs in addition to other serious conditions like depression, drug abuse, or alcoholism. If left untreated, it may lead to a pattern of avoidance of places or situations where panic attacks have occurred. Panic disorder is one of the most treatable of the anxiety disorders through medications or psychotherapy. In about a third of cases, the threat of a panic attack becomes so overwhelming that a person may become isolated or housebound—a condition known as agoraphobia. Early treatment of panic disorder can help prevent agoraphobia. See NIMH anxiety disorders at www.nimh.nih.gov/publicat/anxiety.cfm

Obsessive Compulsive Disorder (OCD):

OCD affects about 3.3 million adult Americans and occurs equally in men and women. It usually appears first in childhood. Persons with OCD suffer from persistent and unwelcome anxious thoughts and the result is the need to perform rituals to maintain control. For instance, a person obsessed with germs or dirt may wash his or her hands constantly. Or feelings of doubt can make another person check on things repeatedly. Others may touch or count things or see repeated images that disturb them. These thoughts are called obsessions, and the rituals that are performed to try to prevent or get rid of them are called compulsions. Severe OCD can consume so much of a person's time and concentration that it interferes with daily life. OCD responds to treatment with medications or psychotherapy.

Post Traumatic Stress Disorder (PTSD):

PTSD affects about 5.2 million adult Americans during the course of a year. Women are more likely than men to develop it. PTSD occurs after an individual experiences a terrifying event such as an accident, an attack, military combat, or a natural disaster. With PTSD, individuals relive their trauma through nightmares or disturbing thoughts throughout the day that

may make them feel detached, numb, irritable, or more aggressive. Ordinary events can begin to cause flashbacks or terrifying thoughts. Some people recover a few months after the event, but some people will suffer lasting or chronic PTSD. People with PTSD can be helped by medications and psychotherapy, and other methods.

Generalized Anxiety Disorder (GAD):

GAD affects about 4 million adult Americans and twice as many women as men. GAD is more than day-to-day anxiety. It fills an individual with an overwhelming sense of worry and tension. A person with GAD might always expect disaster to occur or worry a lot about health, money, family, or work. These worries may bring physical symptoms, especially fatigue, headaches, muscle tension, muscle aches, trouble swallowing, trembling, twitching, irritability, sweating, and hot flashes. People with GAD may feel lightheaded, out of breath, nauseous or have to go to the bathroom often. When people have mild GAD, they may be able to function normally in social settings or on the job. If GAD is severe, however, it can be very debilitating. GAD is commonly treated with medications.

Social Anxiety Disorder:

Social phobia affects about 5.3 million adult Americans. Women and men are equally likely to develop social phobia, which is characterized by an intense feeling of anxiety and dread about social situations. These individuals suffer a persistent fear of being watched and judged by others and being humiliated or embarrassed by their own actions. Social phobia can be limited to only one type of situation—such as fear of speaking in formal or informal situations, or eating, drinking, or writing in front of others—or a person may experience symptoms anytime he or she is around people. It may even keep people from going to work or school on some days as physical symptoms often accompany the intense anxiety including blushing, profuse sweating, trembling, nausea, and difficulty talking. Social phobia can be treated successfully with medications or psychotherapy.

Attention-Deficit/Hyperactivity Disorder (ADHD)

ADHD affects as many as 2 million American children, and is a diagnosis applied to children and adults who consistently display certain characteristic behaviors over a period of time. The most common behaviors fall into three categories: inattention, hyperactivity, and impulsivity. People who are inattentive have a hard time keeping their mind on any one thing, and they may get bored with a task after only a few minutes. People who are hyperactive always seem to be in motion. They can't sit still, and they may

dash around or talk incessantly. People who are overly impulsive seem unable to curb their immediate reactions or think before they act. Not everyone who is overly hyperactive, inattentive, or impulsive has an attention disorder. While the cause of ADHD is unknown, in the last decade, scientists have learned much about the course of the disorder and are now able to identify and treat children, adolescents, and adults who have it. A variety of medications, behavior-changing therapies, and educational options are already available to help people with ADHD focus their attention, build self-esteem, and function in new ways.

Depressive Disorders

About 18.8 million American adults suffer from a depressive illness that involves the body, mood, and thoughts. Depression affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things. People with a depressive illness cannot just “pull themselves together” and get better. Without treatment, symptoms can last for weeks, months, or years.

Depression can occur in three forms:

- Major depression is a combination of symptoms that interfere with the ability to work, study, sleep, eat, and enjoy once pleasurable activities. Such a disabling episode of depression may occur once or several times in a lifetime.
- Dysthymia, a less severe type of depression, involves long-term chronic symptoms that do not disable, but keep one from functioning well or from feeling good. Many people with dysthymia also experience major depressive episodes at some time in their lives.
- Bipolar disorder, or manic-depressive illness is another form of depression characterized by cycles of extreme highs—mania—and lows—depression—in mood.

The most important way to help a depressed person is to assist him or her in getting an appropriate diagnosis and treatment. Treatment, usually in the form of medication or psychotherapy can help people who suffer from depression.

Do not ignore remarks about suicide. If someone tells you they are thinking about suicide, you should take their distress seriously; listen and help them get to a professional for evaluation and treatment. If someone is in immediate danger of harming himself or herself, do not leave the person alone. Take emergency steps to get help, such as calling 911.

Eating Disorders

Anorexia Nervosa:

People with this disorder see themselves as overweight even though they are thin. With this disorder, people work to maintain a weight lower than normal for their age and height. This is accompanied by an intense fear of weight gain or looking fat. At times, a person can even deny the seriousness of their low body weight. Eating becomes an obsession and habits develop, such as avoiding meals, picking out a few foods and eating these in small quantities, or carefully weighing and portioning food. People with anorexia may repeatedly check their body weight, and many engage in other techniques to control their weight, like compulsive exercise, purging by vomiting, or using laxatives. Some people fully recover after a single episode; some have a pattern of weight gain and relapse; and others experience a deteriorating course of illness over many years.

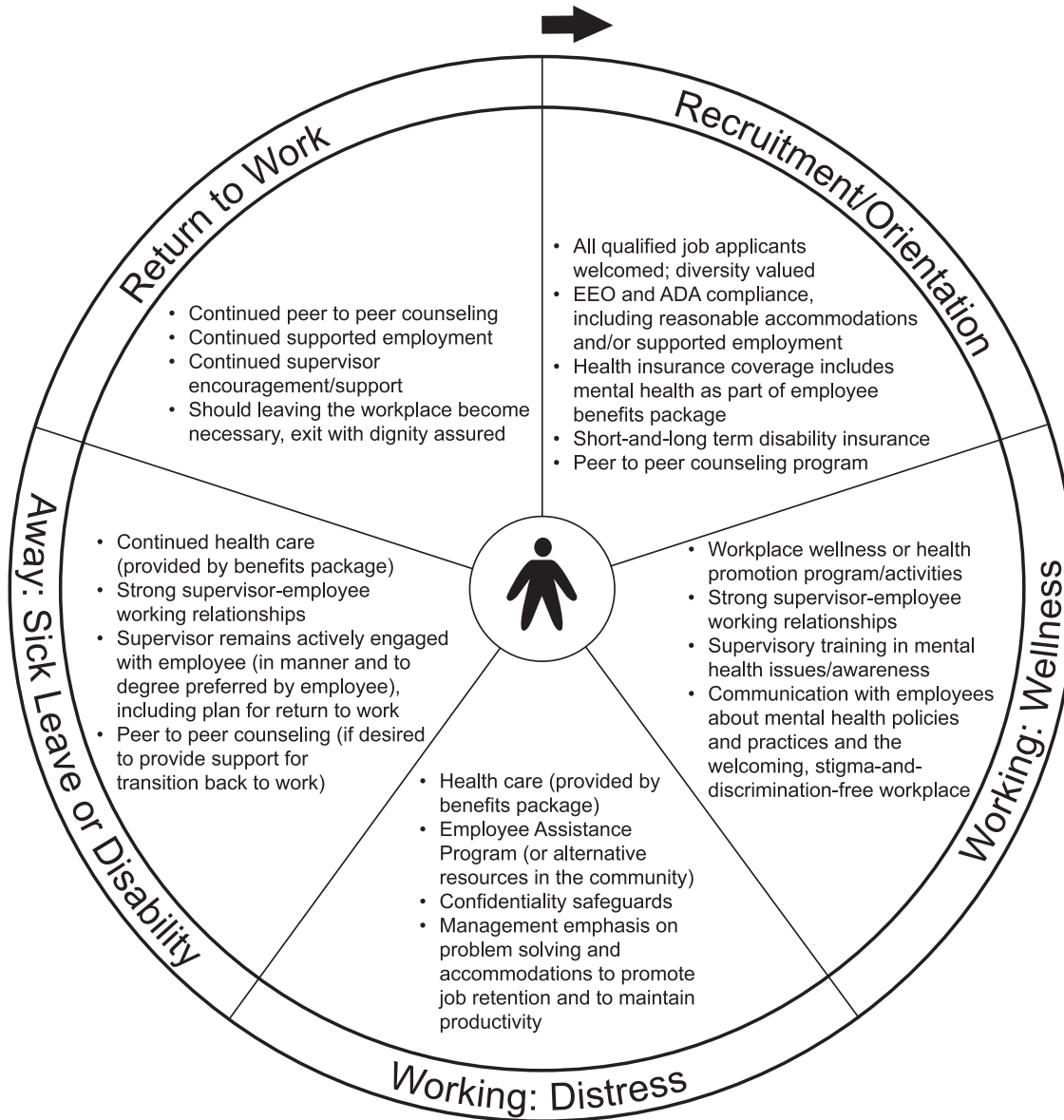
Bulimia Nervosa:

Bulimia is characterized by episodes of *binge eating*—eating an excessive amount of food at once with a sense of lack of control over eating during the episode—followed by behavior to prevent weight gain, such as self-induced purging by vomiting or misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise. Because purging or other compensatory behavior follows the binge-eating episodes, people with bulimia usually weigh within the normal range for their age and height. However, like individuals with anorexia, they may fear gaining weight, desire to lose weight, and feel dissatisfied with their bodies. People with bulimia often perform the behaviors in secrecy, feeling disgusted and ashamed when they binge, yet relieved once they purge.

Schizophrenia

About 1 percent of the population—more than 2 million Americans a year—suffer from this illness. It is equally common in men and women. Schizophrenia tends to appear earlier in men than in women, showing up in their late teens or early 20s as compared to onset in 20s or early 30s in women. Schizophrenia often begins with an episode of psychotic symptoms like hearing voices or believing that others are trying to control or harm you. These delusions may occur along with hallucinations and disorganized speech and behavior, leaving the individual frightened, anxious, and confused. There is no known single cause of schizophrenia. Treatment may include medications and psychosocial supports like psychotherapy, self-help groups, and rehabilitation.

A Mental Health-Friendly Workplace



What We Can Do To Counter Stigma

Learn and share the facts about mental health and about people with mental illnesses, especially if you hear or read something that isn't true.

Treat people with mental illnesses with respect and dignity, as you would anybody else.

Avoid labeling people by using derogatory terms such as “crazy,” “wacko,” “schizo,” “loony,” “psycho,” or “nuts.”

Avoid labeling people by their diagnosis. Instead of saying, “She’s a schizophrenic,” say, “She has schizophrenia.”

Support people with mental illnesses by helping to develop community resources.

Respect the rights of people with mental illnesses and don't discriminate against them when it comes to housing, employment, or education. Like other people with disabilities, people with mental illnesses are protected under Federal and State laws.

Teach children about mental health, and help them realize that mental illnesses are like any other treatable health condition.

Myths and Facts About Mental Illnesses

Myth: Mental illnesses cannot affect me.

Facts: Mental illnesses do not discriminate—they can affect anyone.

According to a report from the President's New Freedom Commission on Mental Health, mental illnesses are surprisingly common; they affect almost every family and workplace in America.

Myth: People with mental illnesses can't hold jobs.

Facts: On the contrary, many are productive employees, business owners, and contributing members of their communities.

Myth: There's no hope for people with mental illnesses.

Facts: There are more treatments, strategies, and community supports than ever before, and even more are on the horizon. People with mental illnesses lead active, productive lives.

Myth: I can't do anything for someone with a mental illness.

Facts: We can do a lot more than most people think. Starting with the way we act and speak, we can nurture an environment that builds on people's strengths and promotes good mental health.

Myth: People with mental illnesses are violent and unpredictable.

Facts: Chances are you know someone with a mental illness and don't even realize it. In reality, the vast majority of people who have mental illnesses are no more violent than anyone else.

Myth: Employees with mental illnesses, even those who have received effective treatment and have recovered, tend to be second-rate workers.

Facts: Employers who have hired these individuals report that they are higher than average in attendance and punctuality, and they are as good or better than other employees in motivation, quality of work, and job tenure. Studies reported by the National Institute of Mental Health (NIMH) and the National Alliance for the Mentally Ill (NAMI) conclude that there were no differences in productivity when compared to other employees.

National Resources

Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA sponsors the National Mental Health Information Center which provides a wide array of information on mental health to people, including users of mental health services and their families, the public, policymakers, providers, and the media. Visit www.mentalhealth.samhsa.gov, or call 800-789-2647 (English/Spanish) and 866-889-2647 (TDD).

Resource Center to Address Discrimination and Stigma (ADS Center)

This center helps people design, implement, and operate programs that reduce discrimination and stigma associated with mental health problems. Visit www.adscenter.org or call 800-540-0320 (English/Spanish).

Mental Health: It's Part of All Our Lives.

For more information about related activities in your State, visit www.allmentalhealth.samhsa.gov or call 800-789-2647 (English/Spanish) and 866-889-2647 (TDD).