

MENTAL HEALTH SOUND ADVICE FOR EVERYONE

Mental Illnesses—Real Diseases, Real Treatments

U.S. Surgeon General Dr. David Satcher

Throughout the past century of extraordinary achievements in public health, concerns regarding mental illness and mental health too often have been relegated to the rear of our national consciousness. Tragic and devastating disorders such as schizophrenia, depression and bipolar disorder, Alzheimer's disease, the mental and behavioral disorders suffered by children, and a range of other mental disorders affect nearly one in five Americans in any year, yet are too frequently spoken of in whispers and shame.

Fortunately, the neuroscience of mental health has emerged as one of the most exciting arenas of scientific activity and human inquiry. We

now recognize that mental illnesses are not only real, but the great majority are as treatable as any disorder of the heart, lungs, liver or kidneys. Indeed, one of the foremost contributions of contemporary mental health research is the extent to which it has mended the destructive split between "mental" and "physical" health.

Stigma and an unwarranted sense of hopelessness about the opportunities for recovery from mental illness have helped erect barriers to getting needed mental health care. The following articles should help to remove some of those barriers by helping people educate themselves and others about mental health and mental illness.



ILLUSTRATIONS BY DAVID WINK

Conceived and produced by EXPERT REPORTS, this special advertising feature seeks to raise public awareness about mental disorders and provide information from leading experts that will make a meaningful contribution to the health and well being of readers, their families, friends, and colleagues. EXPERT REPORTS is contributing a portion of its income from this supplement to the National Alliance for Research on Schizophrenia and Depression to underwrite research on mental illness. EXPERT REPORTS creates advertising supplements that contribute to public understanding of important social issues. For information contact us at ExpertReports@email.com or 7 Teresa Lane, Cortlandt Manor, NY 10567.

Kids and ADHD

By Edward M. Hallowell, MD

They love to multitask, they love high-intensity situations and they are easily bored.

Diagnosis should be made by a trained professional, like a child psychiatrist, a behavioral pediatrician, a child psychologist, a pediatric neurologist or other specialist. The diagnostic procedure includes a careful review of the individual's history and often psychological testing. ADHD often occurs with another condition such as depression, an anxiety disorder, substance abuse or a learning disability like dyslexia.

What Can You Do?

Treatment should include consideration of the following helpful steps:

- Education is an essential and often overlooked part of treatment—both for family members and school teachers.
- Put structure into everyday life by establishing and observing household and classroom rules; make a daily schedule including wake-up and bed times; set up reminders in problem areas, like forgetting homework, losing materials necessary for school.
- Children and adults with ADHD need to take especially good care of their brains and bodies, getting sufficient sleep, proper diet and adequate exercise. Positive human contact and prayer or meditation are also good for mental focus and a sense of well-being.

*Dr. Hallowell, a child and adult psychiatrist on the faculty of the Harvard Medical School, is author of the national bestseller *Driven to Distraction: Recognizing and Coping With Attention Deficit Disorder* from Childhood Through Adulthood.*

LET'S HELP OUR CHILDREN

One out of every 10 children in the United States develops mental disorders that are more severe than the "ups and downs" experienced in the usual course of emotional and behavioral development. Regrettably, only 20 percent of these children and adolescents with mental health problems serious enough to interfere with their normal functioning will get medical help.

Mental disorders appear in families of all social classes and of all backgrounds. No one is immune. Indeed, growing numbers of children are suffering needlessly because their emotional, behavioral and developmental needs are not being met. Older children are dropping out and are lost to our society. Too often, they are ultimately relegated to our streets, our jails and our prisons. As a nation, we fail to meet the serious mental health needs of too many children. The first steps are to reduce stigma by raising awareness through public education and discussion.

But we must also take concrete actions to improve the infrastructure for children's mental health services—increasing access to and coordination of quality services; eliminating racial, ethnic and socioeconomic disparities in access to mental health care; and promoting parity in care with that we provide for our children's physical health needs.

David Satcher, MD
U.S. Surgeon General

Not too long ago, children who struggled academically or acted up were labeled "stupid" or "bad." We now know there is often much more to it—and medical treatment is replacing ridicule and punishment.

Attention Deficit Hyperactivity Disorder, or ADHD, is one of several conditions that affects learning, emotion and behavior that we didn't know much about a generation ago. Often genetically transmitted, it occurs in both males and females but the diagnosis in females is often missed as girls and women are not as likely to show disruptive behavior. ADHD affects about three to five percent of the school-age population, and about three percent of the adult population.

What To Look For

Its hallmark symptom is excessive distractibility—a tendency of the mind to wander while reading a book, having a conversation, playing a game or doing just about anything—so much so that it interferes with daily functioning. Other bothersome symptoms may include impulsivity, hyperactivity, forgetfulness, poor time management and organizational skills, trouble following directions, procrastination, a tendency to lose things, irritability, impatience, taking dangerous risks, substance abuse and inaccurate self-observation.

In addition to the bothersome symptoms, people with ADHD often possess extraordinary talents. Oddly enough, at times the person with ADHD can hyperfocus and concentrate really well, with laser-beam intensity. These people are often highly creative and intuitive. They are able, indeed compelled, to think outside the box.



Aging and Mental Illness

By Dilip V. Jeste, MD

Mental disorders such as depression and dementia are common among the elderly, and will become even more prevalent with the aging of baby boomers. These illnesses frequently go undiagnosed and untreated. Fortunately, effective and safe treatments for most such illnesses are available. With improved understanding and reduced stigma, we can make late life a golden period for our mentally ill friends and relatives.

When 70-year-old Jimmy lost his wife of 48 years, his sadness, crying spells, insomnia and poor appetite were considered a normal grief reaction. But when these symptoms persisted for more than two months, his daughter began to worry. After much resistance, Jimmy agreed to seek professional help. He was diagnosed as having major depression. Successful treatment probably prevented a worsening condition that could even have resulted in suicide. Every year 800,000 Americans lose a spouse. Of these, 10–20 percent develop clinically significant depression within a year. Left untreated, depression can take a serious and even deadly toll.

Today, four million elderly Americans suffer from dementia, while six million have some form of depression and these numbers will double in the next 30 years. Indeed, intriguing data suggest that aging baby boomers will have a higher prevalence of depression, suicide, anxiety disorders, alcohol and other substance abuse than the current generation of elderly people.

Treatments Available

The good news is that mental illnesses, including those in people over age 75, can be treated successfully. Research in the past decade has produced better and safer pharmacological and psychosocial treatments for Alzheimer's disease, psychotic disorders and depression—and exciting new therapies are expected over the next several years.

Unfortunately, many mentally ill older adults do not receive proper health care. Patients and their families tend to downplay psychological symptoms or consider them a “normal” part of aging. Too many physicians are too pressured for time to evaluate psychological problems. The result is that treatable and even preventable mental illnesses go undiagnosed and untreated leading to increased disability, institutionalization and sometimes premature death. And those from impoverished or ethnically diverse backgrounds or with limited proficiency in English are the least likely to receive appropriate medical care.

Dementia and Depression

Importantly, dementia and depression are not a result of the normal aging process. While increased forgetting of people's names is a part of normal aging, Alzheimer's disease is not. Rather, it is a specific brain disorder. Fortunately, the baby boomers exhibit a greater awareness and acceptance of mental illness and, as they age, will likely benefit from earlier recognition and treatment of disorders such as Alzheimer's and depression.

Studies show that environmental factors can modify genetic risk in affecting the results of aging and associated illnesses. For instance, post-menopausal women who take hormone replacement therapy tend to have a lower prevalence of Alzheimer's disease than those women who do not take hormones.

Millions of caregivers, including some who are themselves elderly, provide care to their aging mentally ill relatives. Caregivers have increased rates of depression and physical illnesses that often go undiagnosed and untreated. At the same time, studies show that support groups for caregivers are excellent resources that can help reduce caregiver stress, reduce isolation, provide information, broaden one's social network and promote coping efforts.

Successful Aging

Many people continue to be productive and creative in their later years. They have learned the knack of “successful aging.” Geriatricians often observe three elements to successful aging: avoiding disease and disability, maintaining high levels of mental and physical function, and continuing to engage in interpersonal relationships and productive activities. Later years, instead of being a gray and dark period, can be a golden time of life.

Dilip Jeste is professor of psychiatry and neurosciences at the University of California, San Diego. He is president of the International College of Geriatric Psychoneuropharmacology and past president of the American Association for Geriatric Psychiatry.



Anxiety

By Jerrold Rosenbaum, MD and
Mark Pollack, MD

Out of the blue, your heart starts to pound. You gasp for breath. Sweat pours from your face. Gripped by panic, you fear losing your mind or dying as you are seized by a need to flee. For some, such an event can occur every week, for others, many times a day. These devastating spells are panic attacks, the hallmark symptom of panic disorder, an often disabling condition frequently accompanied by agoraphobia, the fear and avoidance of places that restrict escape; including heavy traffic, public transportation, elevators or crowds.

Anxiety disorders affect approximately one in four Americans. In addition to panic disorder, the anxiety disorders include:

Social Anxiety Disorder, characterized by irrational fear and avoidance of situations of scrutiny by others and terror of embarrassment ranging from fear of speaking in front of others to distress in all social settings.

Generalized Anxiety Disorder, involving persistent, excessive and uncontrollable worry without cause or out of proportion to reality.

Specific Phobia, a marked and persistent fear of a particular object or situation, such as heights or snakes.

Post Traumatic Stress Disorder (PTSD), a condition of persistent symptoms and distress for some who were exposed to a terrible event or series of events involving the threat of death or serious harm. Individuals with PTSD strive to avoid reminders of the trauma and typically re-experience the event in the form of flashbacks or nightmares. They may become emotionally numb or develop marked sleep disturbance and exaggerated emotional arousal or anxiety.

Obsessive-Compulsive Disorder (OCD), characterized by recurrent, unwanted intrusive or abnormal thoughts or images (obsessions) and repetitive compulsive behaviors or rituals that may occupy many hours of the day. Common compulsions are cleaning or hand washing to avoid contamination, or the repeated checking of stoves, faucets or locks.

Some of the anxiety disorders first manifest in childhood by extreme fearfulness, shyness or inhibition. For others, the disorder begins in adulthood often during a time of stress.

From childhood through adult life, an anxiety disorder may impair school and social achievement and limit life options such as getting a good job or sustaining social relationships. Anxious individuals, especially those with social anxiety disorder, experience difficulties in making and maintaining friendships and romantic relationships.

Some anxiety patients repeatedly seek medical evaluations to explain the distressing bodily symptoms of

anxiety. Untreated anxiety increases the risk for premature death from cardiac causes or from suicide in depressed patients. Some affected individuals attempt to cope by using alcohol or other substances, further complicating their difficulties.

Treatments are Available

Effective treatments are available that target the biological, behavioral and psychological causes and symptoms of anxiety disorders. Medications can markedly reduce distressing anxiety and return many sufferers to normal levels of anxiety. And psychological therapy often can correct anxious thought patterns and reduce or eliminate avoidance behaviors.

It is important for individuals affected by anxiety and their families to recognize that effective medication and psychological therapies are available—but patients must take the first critical step themselves by seeking treatment. Effective treatment can markedly reduce distress and disability and increase an individual's capacity for a more fulfilling and enjoyable life.

Jerrold Rosenbaum is chief of psychiatry at Massachusetts General Hospital and professor of psychiatry at Harvard Medical School. Mark Pollack is director of the Anxiety Disorders Program at Massachusetts General Hospital and associate professor of psychiatry at Harvard Medical School.



MENTAL HEALTH RESOURCES

American Psychiatric Association
1400 K Street, NW
Washington, DC 20005
888-357-7924
www.psych.org

NAMI: National Alliance for the Mentally Ill
Colonial Place Three
2107 Wilson Blvd., Suite 300
Arlington, VA 22201
703-524-NAMI (6264)
www.nami.org

NMHA: National Mental Health Association
1021 Prince Street
Alexandria, VA 22314
800-969-NMHA (6642)
www.nmha.org

NARSAD: National Alliance for Research on Schizophrenia and Effective Disorders
60 Cutter Mill Road, Suite 404
Great Neck, NY 11021
800-829-8289
www.narsad.org

American Academy of Child and Adolescent Psychiatry
3615 Wisconsin Avenue, NW
Washington, DC 20016
202-966-7300
www.aacap.org

ADAA: Anxiety Disorders Association of America
11900 Parklawn Drive
Suite 100
Rockville, MD 20852
301-231-9350
www.adaa.org

Alzheimer's Association
919 North Michigan Avenue
Suite 1100
Chicago, IL 60611-1676
(800) 272-3900
www.alz.org

Suicide HotLine
Call 888-SUICIDE (784-2433)
for your local suicide hotline

Getting Help

By Allan Tasman, MD

SIGNS OF MENTAL ILLNESS CAN INCLUDE:

- A significant change in the personality
- An inability to cope with problems and daily activities
- Unusual ideas that may interfere with normal thinking
- Significant anxieties or worries
- Prolonged feelings of worthlessness, hopelessness or depression
- Significant changes in usual eating or sleeping patterns
- Extreme emotional highs or lows
- Abuse of alcohol or other drugs
- Excessive anger or hostility
- Thinking or talking about harming oneself or others

As the other articles in this section have described, there are many mental illnesses just as there are many physical illnesses. All are capable of causing emotional pain and can significantly interfere with one's ability to hold a job, go to school, have relationships and maintain a stable family. The first step in getting help is recognizing the warning signs of mental illnesses. If you, a loved one, or a friend are thinking or talking about suicide or harming another person, this is sign of a significant problem, that needs immediate attention.

Start with Your Doctor

There is clear evidence that most mental illnesses can be effectively treated, but often people don't know where to turn. Because many people do not understand mental illnesses, they may be afraid or embarrassed about seeking treatment. Once you recognize that you or a family member may be showing some of the signs of a possible mental illness, the next step is to obtain a thorough diagnostic evaluation just as you would obtain for any physical illness. Often the family doctor is the best place to start. Your family doctor can assess the situation and decide whether you or your family member needs treatment or further evaluation. Many less severe mental illnesses are commonly treated by family doctors. Sometimes a more thorough evaluation is necessary to determine the best course of treatment. In these situations your family doctor may refer you to a psychiatrist or another mental health professional.

Psychiatrists are physicians specialized in the diagnosis and treatment of mental illnesses by successfully completing a four-year residency in psychiatry after medical school. As physicians, psychiatrists have the medical education and training needed to determine whether medications are needed and, if so,

to prescribe the most appropriate medication.

A clinical psychologist holds an advanced degree in psychology, the science dealing in the study of mental processes and behavior. Clinical psychologists are licensed under state laws. They generally hold a doctoral degree in psychology and have one or two years of supervised clinical experience following their training. Psychiatrists and psychologists often work closely together in hospitals and outpatient treatment settings. Nurse practitioners, with advanced training following receipt of their nursing degree, and clinical social workers, many of whom have emphasized treating mental illness in their training, are other professionals commonly involved in treating mental illnesses. Many states also have licensing procedures for counselors who work with individuals with alcohol or drug problems.

Treatment Issues

Treatments for mental illnesses commonly involve a form of psychotherapy and/or medication. Contrary to popular belief, most people with mental illnesses do not require extended treatment, and in most situations the duration of treatment may be less than three months. Sometimes, though, when problems have been longstanding, or serious, extended treatment is necessary. There are also a number of effective medications available to treat many mental illnesses including depression and manic-depressive illness, anxiety disorders, obsessive-compulsive disorder, drug and alcohol abuse, and severe thinking problems such as schizophrenia.

Research is now showing that combinations of medications and psychotherapy often provide the most effective treatment for mental illnesses. We know, though, that many people have difficulties in staying with their treatment, whether dealing with a mental or physical illness. It is also well known that when there is a trusting relationship between the patient and the doctor or other mental health clinician that most problems in staying with treatment can be addressed and easily dealt with. Often, concerns about side effects of medications, fears about becoming dependent on treatment, or fears of someone finding out about your treatment are common causes for discontinuing treatment. All these concerns can be readily addressed, and the doctor or clinician treating you should be familiar with these kinds of concerns.

To sum up, the first step in getting help is knowing the warning signs of mental illness and recognizing if they are present. The next is to discuss your concerns with your family physician, a trusted family member or adviser. Many individuals consult a member of the clergy to assist in taking the next step. Your family doctor should also be able to refer you to the appropriate psychiatrist or other mental health professional for help with a thorough evaluation and decisions about whether treatment is indicated. Staying with treatment until it is successfully concluded is the final important step.

Allan Tasman is immediate past president of the American Psychiatric Association. He is professor and chairman, Department of Psychiatry and Behavioral Sciences, University of Louisville School of Medicine.



Women and Depression

By Nada L. Stotland, MD, MPH

Depression is twice as common in women as in men. The difference begins at puberty. It is due to a complex combination of genes, hormones and circumstances. It is definitely not because women complain of psychological symptoms or seek help more readily than men. Women who have been abused—physically, sexually or emotionally, in the past, and/or are being abused in the present—are especially vulnerable to depression.

For Women Only

There are also some kinds of depression that only affect women. One is premenstrual dysphoric disorder (PDD), which is a very severe form of premenstrual syndrome (PMS). PDD has a lot in common with depression, except that it only happens for some days before a woman's menstrual period, and goes completely away soon after her period starts. It makes a woman feel sad and irritable. Although there is no scientific evidence that it interferes with a woman's ability to function at work, she may feel that her concentration and energy are not up to par. PDD can be treated effectively with the newer antidepressant medications.

Milder forms of PMS are common, and can usually be relieved, if not eliminated, by healthy lifestyle changes. Cut out, or at least cut down on, caffeine and nicotine. Eat a good, balanced, diet. Get regular exercise. Reduce stress by concentrating on the things that are really important—the well-being of your family and yourself.

Doctors used to think that menopause caused depression, but the evidence is mixed. Hot flashes that interfere with work and with sleep can certainly make women feel embarrassed and tired as they go through menopause. They may worry about getting old and losing their attractiveness. They may suffer losses through death or divorce, or assume the burden of caring for infirm husbands or parents. However, old myths about "change of life" are just that—old myths. Most women are relieved to be free from the possibility of pregnancy and the need to care for little children, and look forward to using their maturity and their talents in new ways.

Many women have questions about hormone therapy at menopause. The hormones some women take for birth control and at menopause affect each woman's moods differently. Each woman needs to take note of the relationship between symptoms of depression and the use of hormones in her own particular case. If hormone treatment is medically indicated, but seems to trigger depression, the woman can work with her doctor to find a new dose or type of hormone that's equally effective without affecting her mood.

Postpartum Depression

Women are vulnerable to depression after having a baby. Postpartum depression isn't the same as "baby blues." Most women get baby blues for a few days after giving birth. Baby blues may make women cry, but it's not just about being sad; it's more like having a thin skin—having strong emotional reactions. Baby blues go away without treatment.

Real depression, lasting for months, affects 10 percent of new mothers in the U.S. Because this is supposed to be such a happy time, they may be reluctant to let anyone know how they're feeling. Because this is a time of new responsibilities and interrupted sleep, their families, and even their doctors, may confuse depression with the normal tiredness and confusion of new parents. Postpartum depression can drain a mother's joy, undermine her confidence and leave her with lifelong regret. Treatment works and there is treatment that doesn't affect a nursing baby. So get help for the mom you love!

Nada Stotland is chief of psychiatry at Illinois Masonic Medical Center, author of Psychiatric Aspects of Reproductive Technology, and co-editor of Psychological Aspects of Women's Health Care: The Interface Between Psychiatry and Obstetrics and Gynecology.

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