



Education & Awareness

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If You or Someone You Know Is Affected By A Mental Illness:

Mental Illness can be a very frightening and confusing thing if you are alone or unaware of what it means to have a mental illness. This is true both for the sufferers of the illness as well as for the friends and family.

The most important thing that a person can know is that he/she does not have to be alone on his/her road to recovery. Harbor Health Services, Inc. (HHSI) offers a number of services to treat many severe mental illnesses. But what if you don't know exactly what is happening to you?

Education is a powerful weapon in fighting mental illness as well as working towards eliminating stigma that surrounds mental illness. This section will offer information from HHSI about what a specific mental illness is; what the symptoms look like; and the treatments for the mental illnesses that HHSI targets.

ANXIETY DISORDERS

Anxiety Disorders is a broad term used to describe a number of disorders that involve **constant, life interfering**, and often times, **debilitating worrying** or **uneasiness about one's self** and his/her environment.

Roughly 13 percent of adult Americans suffer from an anxiety disorder of one form or another¹. Very often a person may have one or more anxiety disorder and anxiety disorders are often co-occurring with depression and/or alcohol and substance abuse.

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OBSESSIVE-COMPULSIVE DISORDER (OCD)

OCD is a disorder that affects men and women equally and usually has an onset during adolescence or early childhood. **Recurrent and unwanted thoughts and rituals** that the sufferer feels he/she cannot control characterize OCD best. The reoccurring thoughts are defined as **obsessions**; and the repetitive rituals or behaviors are defined as **compulsions**.

OCD affects roughly 2 percent of the adult American population in a given year². Like many other disorders, OCD is most commonly thought to be linked with an imbalance of chemicals in the brain that are associated with regulating repetitive behaviors. The powerful anxiety associated with OCD is heightened when the person does not act on the obsessions and compulsions, yet it is only temporarily relieved upon performance of a task.

OCD is an example of a **no-fault disorder**. Those who suffer from OCD do not behave as they do by choice; there is an uncontrollable need to behave that way. The need to perform rituals can be embarrassing and for this reason, many people suffering from OCD may be very secretive. Remember, those suffering from OCD do not lack "will-power" to stop their behavior and they are not "weak" or "bad" people. OCD is a medical illness and can be treated.

Common Obsessions:

- Fear of contamination, dirt or germs
- Constant need for reassurance
- Constant thinking about specific images, words, numbers, and/or sounds
- Fear of thinking "evil" thoughts

- Concern with exactness and order
- Concern that a task is not done properly, even when untrue
- Disgust with bodily waste
- Fear of harming friend or family

Common Compulsions:

- Ordering and arranging items in a particular manner
- Saving old mail, newspapers, and/or containers that are no longer needed
 - Seeking reassurance and approval
- Cleaning and grooming rituals, such as excessive hand-washing and showering.
- Checking items repetitively, such as door locks and appliances to be certain they are locked or turned off.
- Repeating behaviors again and again, such as walking in and out of a room, standing and sitting or touching items repetitively
 - Counting over and over again

Any combination of these obsessions and compulsions can make a person's life seem intolerable. It is important to seek treatment for this disorder and to be very honest with your doctor or clinician about your rituals and obsessions so that the proper course of treatment is taken.

Most commonly, OCD is treated with medications that interact with the chemicals in the brain that may not be regulating behavior in a healthy manner. **Behavioral/Symptom Therapy** is another option that can be explored.

For more information about OCD, visit the following websites:



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Suggested reading on OCD:

The Boy Who Couldn't Stop Washing: The Experience and Treatment of Obsessive Compulsive Disorder - Judith L. Rapoport

Getting Control: Overcoming Your Obsessions and Compulsions - Lee Baer Ph.D.

Tormenting Thoughts and Secret Rituals: The Hidden Epidemic of Obsessive Compulsive Disorder - Ian Osborn

Obsessive Compulsive Disorder: A Survival Guide For Family and Friends - Roy Cohen

These titles are available for purchase at:

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POST-TRAUMATIC STRESS DISORDER (PTSD)

PTSD is a disorder that can occur after an individual is **exposed to a highly frightening event** or personal experience during which **serious or deadly harm was threatened or occurred**. Such an event can be military experience, rape, human disaster, mugging, accidents, violent crime, and/or natural disasters.

PTSD is most common in combat soldiers, both men and women, affecting on average one-third of the total wartime soldier population. However, almost 4 percent of the adult American population suffers from PTSD as well due to other terrifying events³. Symptoms typically develop within 3 months of the event, although it is possible to see symptoms years after an event has occurred. Those who experience child abuse or who have had other previous traumatic experiences seem to be more predisposed to PTSD.

PTSD is a disorder that develops in response to a highly shocking event in a person's life. It is a **no-fault disorder**. Someone with PTSD cannot be expected to simply "get over it" and those who suffer from PTSD are not "weak" individuals. Rather, they have undergone a significant trauma that has altered their ability to fully function in a healthy manner. It is a very real medical disorder and proper treatment can be highly effective.

The Symptoms of PTSD:

- Flashback episodes
- Recurring memories
- Nightmares
- Recurring feelings of fear, frightening thoughts
- Emotional numbness
- Sleep disturbance
- Irritability
- Outbursts of anger
- Feelings of intense guilt
- Emergence of phobias
- Anniversary reactions

PTSD often occurs with other disorders such as Depression and/or Alcohol and Substance Abuse. Physical symptoms are also very common to people with PTSD. These can include, but are not limited to, headaches, migraines, gastrointestinal problems, chest pain, and immune system problems. These physical symptoms only work to exacerbate an already unhealthy situation and it is therefore very

important to seek treatment at the onset of these symptoms both for physical health and mental health.

Treatment for PTSD ranges, like most mental disorders, from Medications to **Individual and Group Therapy**. Therapy is most effective in these cases; however, medication can help to ease sleep disturbances and depression that are commonly associated with PTSD.

For more information about PTSD, visit the following websites:



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Suggested Reading on PTSD:

[The Post-Traumatic Stress Disorder Sourcebook: A Guide to Healing, Recovery and Growth](#) - Glenn R. Schiraldi

[The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment](#) - Babette Rothschild

[Trauma and Recovery](#) - Judith Herman M.D.

These titles are available for purchase at:



1. Narrow WE, Rae DS, Regier DA. NIH epidemiology note: prevalence of anxiety disorders. One-year prevalence best estimates calculated from ECA and NCS data. Population estimates based on U.S. Census estimated residential population age 18 to 54 on July 1, 1998. Unpublished.

2. Ibid.

3. Ibid.

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BIPOLAR DISORDER

Bipolar disorder, also known as **manic depression**, is a disorder that causes a person to have **extreme shifts in mood, energy level and ability to function**. Different **cycles, or episodes**, occur within the person's life when the person shifts from a **highly happy, energetic, or manic mood** to a **highly sad, listless, or depressed mood**. This cycling is marked by little or no transition between the two. The cycles are also not linked with any particular environmental stress in the person's life.

Bipolar disorder affects roughly 1.2 percent of the American population, affecting men and women equally¹. The onset of bipolar disorder usually occurs in adolescence and early adulthood. The first manic episode occurs usually in the person's early twenties, however, there are some cases that appear in childhood. Bipolar disorder can run in families, and a child with a parent affected by bipolar disorder has an increased chance of being affected by it, however there has no clear research to indicate a strong genetic link. It seems to be caused by a chemical imbalance in the brain.

It is important to note that bipolar disorder is a **no-fault disorder**. People who are affected by this disorder are neither “crazy” nor “bad.” Quite the contrary, very often, people with bipolar disorder are highly intelligent and creative. People with bipolar disorder have a medical condition that can be treated and should not be treated as though they have a personal defect or weakness.

The symptoms of bipolar disorder fall into two categories: **manic symptoms** and **depressive symptoms**.

The Symptoms of the Manic State:

- Persistently elevated mood, not related to environment
- Increased irritation
- Overly-inflated self-esteem
- Racing thoughts
- Increased talkativeness
- Decreased need for sleep and rest
- Easily distracted
- Increased involvement in high-risk behavior (unsafe sex, gambling, drugs)
- Physical agitation
- Increased activities that are highly goal-directed, such as shopping

The Symptoms of the Depressive State:

- Persistent sad mood
- Loss of interest and pleasure in activities that were previously of interest
- Difficulty sleeping; over sleeping
- Loss of energy
- Significant change in appetite and/or weight
- Physical agitation, or slowing
- Feelings of worthlessness
- Inappropriate guilt
- Difficulty concentrating or thinking
- Recurrent thoughts of death or **suicide**

Often occurring with bipolar disorder is something called the **mixed state**. This is when the symptoms of mania and depression are present at the same time. This is usually marked when the depressed mood is accompanied by manic agitation. The symptoms of this state include difficulty sleeping, significant change in appetite, increased agitation and suicidal thinking, and psychosis (hallucinations – sensing stimuli that are not actually present and delusions – false personal beliefs contradictory to reason).

Bipolar disorder can be a combination of any of these symptoms and can be linked with alcohol and substance abuse. This disorder can be

severely debilitating if untreated and a person experiencing these symptoms should seek professional assistance immediately.

The treatment for bipolar disorder is primarily medication combined with **psychotherapy** and/or **psychosocial interventions**. The options within these categories are numerous. You and your doctor should determine your best course of treatment.

To learn more about **Bipolar Disorder**, visit the following websites:



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Suggested Reading About Bipolar Disorder:

An Unquiet Mind: A Memoir of Moods and Madness - Kay Redfield Jamison

A Brilliant Madness: Living with Manic-Depressive Illness - Patty Duke and Gloria Hockman

Darkness is Visible - William Styron

These titles are available for purchase at:



1. Narrow WE. One-year prevalence of depressive disorders among adults 18 and over in the U.S.: NIHMECA prospective data. Population estimates based on U.S. Census estimated residential population age 18 and over on July 1, 1998. Unpublished.

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BORDERLINE PERSONALITY DISORDER (BPD)

BPD is a disorder that affects personality profoundly and causes disruption in a person's ability to regulate his/her own emotions. The average person may have mood swings and changes in emotion over the course of his/her days and weeks related to environmental circumstances. Yet, people suffering from BPD experience bouts of **extreme, intense emotion** usually lasting only a **few hours**; and the shift between emotions is rapid and **dramatic**, typically leading to **impulsive, unstable, and often dangerous behavior**.

BPD affects 2 percent of the adult American population¹. Like many other disorders it can run in families and may be influenced by an

imbalance of the chemicals that stabilize impulsive and negative mood in the brain.

There seems to be a strong link between BPD and childhood trauma, such as abuse or neglect. Although not all of those who suffer from BPD experienced childhood trauma, there is evidence to support that an individual exposed to powerful environmental stressors as a child is predisposed to BPD; and such trauma can result in the onset of the disorder as a young adult.

It is very important to note that BPD, like all other mental disorders, is a **no-fault disorder**. This means that personal weaknesses or defects do not cause BPD and people suffering from the disorder are neither "bad" nor "weak" people. They have a medical condition that can be treated.

The Symptoms of BPD:

- Intense but short-lived bouts of anger, depression, and/or anxiety
- Rapid shifting in mood, often inappropriate to situation
- Impulsive behaviors, such as risky sex, excessive money spending, binge eating, gambling, stealing, substance use
- Self-Injurious behavior, such as cutting
- Potential violent acting-out, fighting
- Highly unstable relationships with family, friends, and loved ones characterized by shifting from idealizing and worshipping someone to devaluing and hating that same person
- Distortions in self-image; not knowing who he/she is
- Frequent changes in jobs, goals, values
- High sensitivity to change and/or separation
- Strong feelings of rejection
- Feelings of self-loathing
- Feelings of being misunderstood
- Fear of abandonment, often irrational
- Poor judgment in situations/relationships
- Consistent feelings of boredom/emptiness
- Attention-seeking behavior, need for acceptance

BPD is often a combination of these symptoms, though not all must be present for accurate diagnosis. BPD can also be linked with other disorders such as Anxiety and/or Alcohol and Substance Abuse and/or Depression. These symptoms are disruptive to one's life and can be potentially life threatening, especially with the strong potential for accidental suicide.

BPD is a treatable disorder. The treatments vary from Medications to **Individual/Group Therapy** to the newest and possibly most effective treatment, **Dialectical Behavior Therapy (DBT)**.

It is important to remember that all people experience emotions and do have mood swings to some degree, however, people with BPD experience this much more frequently and much more severely.

For more information about BPD, visit the following websites:



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Suggested Reading About BPD:

[Lost in the Mirror: An Inside Look at Borderline Personality Disorder](#) - Richard A. Moskowitz M.D.

[Skills Training Manual for Treating Borderline Personality Disorder](#) - Marsha M. Linehan

[Women and Borderline Personality Disorder: Symptoms and Stories](#) - Janet Wirth-Cauchon

[Stop Walking on Eggshells; Coping When Someone You Care About Has Borderline Personality Disorder](#) - Paul T. Mason, et al

[Borderline and Beyond: A Program of Recovery from Borderline Personality Disorder \(Bpd\)](#) - Laura Paxton

These titles are available for purchase at:



1. Swartz M, Blazer D, George L, Winfield I. Estimating the prevalence of borderline personality disorder in the community. [Journal of Personality Disorders](#), 1990; 4(3): 257-72

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MAJOR DEPRESSION

Most everybody will feel sad from time to time and this is normal, however, people with major depression feel this way **most of the day, every day, for at least two weeks or longer** and the symptoms include more than simply feeling "blue" or "down."

Depression, unfortunately, affects over 18 million Americans¹, so **you are not alone**. Almost twice as many women suffer from depression than men; nevertheless, the severity has no gender barrier. Depression can run in families. It can also be linked with certain events in your life, such as the loss of a job or death of a loved one. Depression can also be linked with an imbalance of the chemicals in your brain that affect your mood.

Still, one of the most important things to know about depression is that it is a **no-fault disorder**. This means that a personal defect or weakness does not cause it. It is a medical condition that can be treated and those suffering from depression are not "bad" or "weak" people.

The Symptoms of Major Depression:

- Lack of interest in the things that formerly gave you pleasure

- Decreased or no interest in sex
- Feeling sad
- Feeling numb
- Feeling tired all of the time
- Feelings of worthlessness
- Feeling irritable or restless
- Changes in appetite or weight that are not intended
- Crying easily or for no apparent reason
- Wanting to or sleeping all of the time
- Having thoughts about death
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- Feeling listless or useless
- No motivation or energy for activities of your daily life
- Feeling hopeless about the future
- Physical ailments that do not seem to be medically based and are recurrent

Major Depression can be a combination of these symptoms or all of them. Depression can also be linked with other disorders such as Anxiety and/or Alcohol and Substance Abuse. These symptoms, combined, and over a period of time can be debilitating and potentially life threatening. It is very important to seek medical attention.

Your primary doctor should be able to assist you in the initial diagnosis, however, it remains important to seek professional assistance with those specifically trained to treat chronic Major Depression.

The treatment of Depression can include Medications, Individual Psychotherapy, or Group Psychotherapy. There are numerous options in each of these categories and only you and your treaters can best decide on an appropriate course of action for you.

For more information about Major Depression, Visit the following websites:



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Suggested Reading About Depression:

[Up the Down Hill: One Woman's Struggle to Survive Major Depression](#) - Roxanne W. Paxman

[Major Depression Disorder: The Latest Assessments and Treatment Strategies](#) - Anton O. Tolman

[Major Depression Disorder: A Patient and Family Guide](#) - American Psychiatric Association

These titles are available for purchase at:



1. Narrow WE. One-year prevalence of depressive disorders among adults 18 and over in the U.S.: NIMH ECA prospective data. Population estimate based on US Census estimated residential population age 18 and over on July 1, 1998. Unpublished.

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SCHIZOPHRENIA

Schizophrenia is a disease that affects the human brain. It is best characterized by the **inability** of the person with schizophrenia **to separate the real world** that surrounds them from the **unreal world inside of them**. This unreal world is marked with **hallucinations** and **delusions**. These symptoms most often leave the sufferer fearful and withdrawn.

Schizophrenia affects about 1 percent of the adult American population and it affects men and women equally¹. The onset of schizophrenia varies between the two sexes and ranges between late teens to early thirties in age. There is no doubt that schizophrenia runs in families and these genetic factors strongly suggest that schizophrenia is an organic disease (having to do with the brain and not environmental factors). It is unclear if a chemical imbalance or a physical difference in the brain causes schizophrenia. However, in either case, it is a very serious mental illness that, left untreated, can lead to a very lonely, frightening life for the sufferer, as well as significantly increasing the suicide risk.

Schizophrenia is perhaps one of the most misrepresented of all mental illnesses. Often people with schizophrenia are portrayed in the media as violent and dangerous members of society with "split personalities." This is a grossly inaccurate picture of the person with schizophrenia. This person is NOT a split personality nor is he/she necessarily violent. There is no greater incidence of violence by people with schizophrenia than by any other non-mentally ill population. These stereotypes are often what can condemn a person with schizophrenia to a very lonely lifestyle. It is important to remember that schizophrenia, like all other mental illnesses is a **no-fault disorder**. The person's behavior, untreated, can seem bizarre to the uneducated on-looker; however, he/she is not "bad", "dangerous" or "crazy". Schizophrenia is a medical disease that can be treated when diagnosed properly.

The Symptoms of Schizophrenia:

- **Hallucinations or disturbances in sensory perception**, that which one sees, hears, feels; for example hearing voices or seeing things that others cannot hear or see
- **Delusions or false but firmly believed convictions that are separate from the real world**; these can range from thinking people are reading one's mind, controlling one's thoughts and conspiring against oneself (delusions of persecution) to thinking oneself is a professional athlete or a religious figure (delusions of grandeur)
- Social isolation and withdrawal
- Disorganized speech and/or behavior
- Detached and/or preoccupied
- Vigilant
- Paranoia
- Disordered thinking, cannot focus or concentrate, thoughts coming and going rapidly
- "Flat" affect, little or no emotional expression
- In severe cases, an inability to perform basic daily tasks, such as hygiene

It is clear by the list of potential symptoms that schizophrenia can be a very confusing illness. Many of the symptoms contradict one another, yet they can co-exist. Proper diagnosis and treatment are very important for such a person's future mental health.

The treatment of schizophrenia primarily consists of proper medication; however, individual therapy and rehabilitation are both important interventions as well.

For more information about Schizophrenia, visit the following websites:



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Suggested Reading on Schizophrenia:

Surviving Schizophrenia: A Manual for Families, Consumers, and Providers - E. Fuller Torrey, M.D.

The Quiet Room - Lori Schiller and Amanda Bennett

Coping With Schizophrenia: A Guide for Families - Kim Tornval

Five Years Lost: A Personal Exploration of Schizophrenia - Christina Alexandra, John Paul Brady

These titles are available for purchase at:



1. Narrow WE. One-year prevalence of mental disorders, excluding substance use disorders, in the U.S.: NIHMECA prospective data. Population estimates based on U.S. Census estimated residential population are 18 and over on July 1, 1998. Unpublished

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SCHIZOAFFECTIVE DISORDER

Schizoaffective Disorder is an illness that is a combination of symptoms including the severe mood swings of bipolar disorder and some of the psychotic symptoms of schizophrenia. To be properly diagnosed with schizoaffective disorder there must be a period of at least two weeks when psychotic symptoms are present without any manic or depressive symptoms.

A clear statistic on the percentage of the population affected with this disorder is unavailable at this time; however, men and women are affected equally. The exact causes of the disorder are unclear, but there is evidence to support that there are biological and genetic factors that contribute to the predisposition of this disorder. Environmental factors seem to affect a person with schizoaffective disorder and his or her symptoms.

One of the most important things to know about schizoaffective disorder is that, like all other mental illnesses, schizoaffective disorder is a **no-fault disorder**. This means that a person with this disorder is not to blame for having the disorder. It is a medical condition. Such a person is neither "crazy" nor "bad" despite that the behavior may seem bizarre to an uneducated onlooker. This disorder can be treated and those affected by it deserve the same treatment and respect as anyone with a medical condition.

The symptoms of schizoaffective disorder can vary a great deal from person to person based on the nature of the disorder and the wide variety of symptoms. The most common symptoms are as follows:

The Symptoms of Schizoaffective Disorder during the Depressed State:

- Poor appetite
- Weight loss
- Insomnia and/or over sleeping
- Agitation
- Lack of energy, fatigue
- Feelings of worthlessness, guilt
- Loss of interest in previously pleasurable activities

- Recurrent thoughts of death and **suicide**

The Symptoms of Schizoaffective Disorder during the Manic State:

- Increased work and/or talking
- Rapid and racing thoughts
- Increased risky, self-destructive behaviors (unsafe sex, gambling, drugs)
- Decreased need for sleep
- Increased distractibility
- Grandiosity
- Agitation
- Persistently elevated mood

The Symptoms of Schizoaffective Disorder during the Psychotic State:

- Disorganized speech and/or thinking
- Incoherence
- Hallucinations – believing he/she can see, hear, feel, smell something real, when in fact, it does not exist
- Delusions – having personal beliefs that are not based in reality
- Highly disorganized behavior
- Lack of motivation
- Agitation
- Lack of facial expression

These symptoms may occur in any number of patterns with dramatic changes in mood and personality occurring rapidly. The exact course that this illness may take can vary a great deal between people, but most commonly symptoms increase when the person suffers from great stress. These symptoms can greatly limit daily functioning and professional treatment should be sought.

The treatment for schizoaffective disorder includes medication, psychotherapy and psychosocial therapy. You and your doctor can decide the proper treatment for this disorder.

For more information about Schizoaffective Disorder, visit the following websites:



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DUAL DIAGNOSIS MENTAL ILLNESS & ALCOHOL/SUBSTANCE ABUSE

When a person has a dual diagnosis, it means that he/she has a **diagnosed mental illness** as well as a **diagnosis of alcoholism and/or substance abuse** (drug addiction). This diagnosis is particularly dangerous and deadly as one illness can exacerbate the symptoms of the other.

For example, if a person takes drugs in order to quiet voices that he/she may hear, or to not feel as depressed, this person may accidentally overdose on drugs and die. For a person to be dually diagnosed, the diagnosis of a mental illness must be present. Dual diagnosis is also referred to as co-occurring conditions.

Substances that one can use and/or abuse include, but are not limited to, alcohol and illegal narcotics, such as cannabis (marijuana or pot), cocaine, PCP, opiates, heroin or crack-cocaine. Substances can also include prescription medication as well as over-the-counter medications. This may seem contradictory, as many mental illnesses require medication for treatment; however, the difference is whether a person uses medication as prescribed or as he/she chooses. The proper way is to use prescription medication **as prescribed**. It can be very dangerous to do otherwise. There are a number of other chemical substances that a person can use that can lead to abuse or addiction such as antifreeze, mouthwash, paint, carbon dioxide and a wide variety of other chemicals. Any of these substances can be combined for poly-substance abuse and/or addiction.

When a person is using alcohol or other substances, there are two different conditions that this person may have. One is called **Substance Dependence**. The other is called **Substance Abuse**. Both involve a history of persistent use of substances with the knowledge that the results will be negative.

The Symptoms of Substance Dependence:

- **Tolerance**- a need for a higher dose of the substance for the same effect; a decreased effect with use of same dose
- **Withdrawal**- development of a condition specific only to stopping use of a substance and not linked to another medical condition – shaking, trembling, sweating, racing thoughts, itchy skin, sleeplessness, hallucinations, nausea, vomiting
- Taking larger doses of a substance over a longer period of time than intended
- Desire to stop or control substance intake with no successful results
- Increased amount of time spent on activities involved in obtaining the substance, taking the substance and recovering from the substance
- Other important obligations (work, family, friends) are given up or decreased in frequency in order to obtain, use or recover from a substance
- Continued use of a substance despite the knowledge that to do so is dangerous and unhealthy, for example, continued drinking with alcohol-induced ulcer

The Symptoms of Substance Abuse:

- Continued use of a substance that results in the failure to live up to responsibilities or obligations, for example, failure to show up for work; or being expelled from school; or neglecting one's children
- Continued use of a substance in hazardous or dangerous situations, for example, driving a car when drunk
- Continued substance-related legal difficulties, numerous arrests, for example, arrests for buying drugs, or arrests for disorderly conduct due to substance intoxication
- Continued substance use despite increased social and/or personal problems due to substance use, for example, physical fights, arguments with spouse

These symptoms must be present in a combination within the period of a year for a proper diagnosis. However, over any period of time, these symptoms present with the symptoms of a mental illness are very dangerous and can be fatal. It is important that professional treatment is sought immediately.

Very often, people who are dually diagnosed are written off as violent and criminal drug addicts. This is not at all an accurate portrait of people suffering from dual diagnosis. Most often, people with mental illness that use or abuse drugs in a dangerous manner do so in order to quiet symptoms of their mental illness.

Treatment for dually diagnosed people typically involves some kind of initial detoxification from the substance they are currently taking. Then, an evaluation for the proper medication is done. Usually a therapist, psychiatrist and medical doctor are all involved with him/her. With the proper medication for symptoms, as well as skills

training for coping when symptoms arise without the use of a substance, people can overcome this mental illness as with any other. As with any other mental illness, community supports are vital and persons with dual diagnoses may want to consider joining a group such as Narcotics Anonymous or Alcoholics Anonymous in addition to their clinical, therapeutic treatment.

For more information about Alcoholism, Drug Addiction, and Dual Diagnosis, visit the following websites:



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Do You Have a Problem with Alcohol or Substances?

Take this Self Appraisal

This checklist has been compiled from clinical experiences working with people with substance use problems.

Remember, you're the only one who has to see this, so be honest with yourself.

1. ___ Once or twice a day, my conversations focus on alcohol or drugs.
2. ___ I often drink or use drugs by myself, alone.
3. ___ I experience blackouts, periods of time when I cannot remember things.
4. ___ I have missed days of work and/or school because of my drinking or drug use.
5. ___ I drink or use drugs to relieve stress and/or physical tension.
6. ___ I get drunk or high with most of the people I know.
7. ___ I often drink or use drugs to prepare for an occasion or to go out.
8. ___ Family members and friends think I drink or use drugs too often.
9. ___ I often get drunk or high when I wake up, before I do anything else.
10. ___ I get really shaky when I don't drink or use drugs for a while.

11. ___ I hide my alcohol and/or drugs so people don't know how much I am using.
12. ___ I usually drink more or use more drugs than the people around me, like at parties.
13. ___ I have been arrested for Driving Under the Influence (DUI) or other drug-related arrests.
14. ___ My using has led to conflicts with those close to me.
15. ___ I have tried to quit but cannot. (Try it for six weeks and see if you have any physical or
emotional distress when going without your substances.)
16. ___ My substance use is affecting my reputation.
17. ___ I drink to escape my worries and troubles.
18. ___ My ambitions in life have decreased since I began using drugs and/or alcohol.
19. ___ I feel remorse after I drink or use drugs.
20. ___ I have had to talk to my doctor about my substance use.
21. ___ I have been in a hospital or institution because of my substance use.
22. ___ I have become careless about things that were formerly important to me and care more about
my using.
23. ___ I crave my substance at a specific time each day.
24. ___ My using is making my home life unhappy.
25. ___ My using is jeopardizing my financial welfare.

If you found that **one of these statements applies to you**, there is a chance that you have a problem with your substance use. **You should seek the advice of a professional.**

If you found that **three or more of these statements applies to you**, it is highly likely that you have a problem with your substance use and **should seek the assistance of a professional as soon as possible.**

If you found that **five or more of these statements applies to you**, you definitely have a serious problem with substance use and you may be addicted. **It is very important to seek professional assistance immediately.**

Remember, substance abuse and dependence are medical conditions and they can be successfully treated.

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MEDICATIONS

Taking medications for any reason can be a scary and confusing thing to do. This is particularly true for medications that people feel “can alter your mind.” Keep in mind that a mental illness is like any other illness that you may take medication for, like a cold, and it is important to treat a mental illness properly to live a healthier life.

Harbor Health Services has a number of psychiatrists and clinicians on staff that can help you to decide what medications are right for you and your particular illness. They will discuss all of the benefits of the medications with you as well as any side effects that can occur. They will do all that is necessary to help make the process as comfortable as possible for you.

Doctors take into consideration all factors of a person’s life from body height and weight and diet to lifestyle and sleeping habits. It is most helpful if you are honest with your doctor about all of these factors contributing to your life. It is also good to know that sometimes it takes different trials on more than one medication to find the one that is best suited to you and your symptoms. Medications also do take time to work with your system and have an effect. Try to be as patient as possible.

The most important thing to remember about medications is that you should take them exactly as prescribed. It can be dangerous to mix medications or stop taking them without your doctor’s knowledge. Do not take someone else’s prescription, even if you think it is the same as your own; it may not be. It is also important to know that medication does not promise a cure, but rather symptom relief. It is important to continue taking prescribed medication even when you are feeling better.

There are a number of different kinds of medications that are used to treat mental illness. This site has been designed to give you a brief overview of medications. For further information on any medication, it is important that you contact either Harbor Health Services, Inc. or your primary doctor directly.

Antipsychotic Medications are used to treat people who are, to some degree, out of touch with reality. A person may hear voices or see things that are not really there. A person may even think that they are someone that they are not, like the President or a famous athlete. Antipsychotic medication can help alleviate and in some cases eradicate these symptoms and greatly improve a person's quality of life.

Antidepressant Medications are designed to help people who feel down more often than average or their sadness is not consistent with their life situation. Someone who feels this way may not be able to get out of bed for long periods of time, or her/she may neglect things that were formerly very important to him or her. An antidepressant can help a person feel a change in their energy level, without being a stimulant. A person may have more energy and notice changes in their sleeping and eating patterns. Again, this medication is important because depression can lead to very dangerous feelings of hopelessness.

Antianxiety Medications are prescribed to people who have overwhelming feelings of irritability, agitation, uneasiness and many of the other symptoms attributed to anxiety. Anxiety can be very debilitating and can make the activities of everyday living extremely difficult. Antianxiety medication acts against these symptoms to allow people to function in a healthy manner.

Antimanic Medications are prescribed to people who have moods that are most noticeably marked with excess energy, overactivity and overtalkativeness. Speech patterns can be affected by this condition and a person can be easily distracted. The medications used do not make a person feel "lower" rather than "high". Instead, the medications even out the mood so that it is not as dramatic and incapacitating.

It can not be stressed enough that the best education and information about medications that a person can get is from one's own physician or psychiatrist. These are the people best trained to help you make what can be difficult and confusing decisions about your health. Contact your doctor immediately with any questions you may have whether you are currently on medications and have questions, or you feel you may need to be on medication.

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WHAT IF I THINK I HAVE A MENTAL ILLNESS?

- **Educate yourself.** Try to find articles and books about your diagnosis. The more that you know about what is happening to you, the better able you become to properly treat yourself.
- **Try to establish a regular routine.** Go to bed and wake up at the same time each day. Try to eat your meals at the same time. While this is good advice for anybody, it can be

particularly helpful to those with a mental illness, because the structure can be very comforting and help ground you while you may otherwise feel you have no control over your situation. It is also helpful because variations in your routine, such as over-sleeping or staying up all night, can be a good indicator that you may be experiencing symptoms and need increased support.

- **Exercise.** This can be very difficult if you are feeling badly; however, even a five-minute walk or some simple stretching can make you feel better. It helps you to be in touch with your body and what is going on with it. This will help you recognize any changes that may occur, particularly with medications that may be prescribed for you. **Do not over exert yourself.** This will not help and you can possibly hurt yourself. Discuss any changes you feel with your doctor.
- **If you are prescribed medication, take it ONLY as prescribed and DO NOT STOP TAKING IT, even if you are feeling better.** It is very important to your health and well-being that you take the medication prescribed to you exactly as directed. Discuss any changes that you want to make with your doctor before you make them.
- **Avoid over-the-counter remedies.** These remedies can interact with the prescription medication that you are taking and the results can be dangerous to you. Many of these remedies have also NOT been approved by the United States Food and Drug Administration, which is a government body that tests certain drugs and medicines for safety and effectiveness. If a medicine is not approved, it may not be safe and can do much more harm than good. Again, only take those medicines that your doctor recommends and prescribes.
- **Avoid alcohol and other drugs not prescribed by your doctor.** Alcohol and drugs can dramatically affect the medication that you are taking. Sometimes the effectiveness of the medication is altered; meaning that a medicine may not

work as well when mixed with other substances. Sometimes, side effects can be intensified, such as drowsiness. Mixing substances without the advice and recommendation of your doctor can be very hazardous.

- **Learn techniques for coping with stress.** This will help to lessen the effects of your symptoms. Dealing with a mental illness can be very stressful and it is important to work on this stress as it can worsen how you may be feeling. Practice techniques like deep breathing, and other self-soothing techniques, perhaps a warm bath or lighting pleasant smelling candles. This may help to calm you when you feel overly stressed. These techniques do not replace medicine and/or therapy; however, they can be useful in addition to a proper course of treatment.
- **Learn the early warning signs of your illness and the symptoms.** Doing this can help you to be better prepared for any changes that you may experience with your mental health. It can allow you to understand any changes and give you an opportunity to discuss these changes with your doctor before the symptoms become any worse.
- **Join a local support group if one is available.** It can be enormously helpful to be around other people who are going through the same experience that you are. This can help you to feel less alone and can be a good reminder that there are other people who are in the same situation as you are. It can also help you learn through other people's experiences. A support group is another way that you can educate yourself through other people who understand you through their own personal first-hand experience.

Remember, there are things that you can do to help yourself. Discuss any decisions you make with your doctor. He or she may have even more suggestions for you. Being active in your treatment can only help your recovery.

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WHAT IF A LOVED ONE AS A MENTAL ILLNESS?

The most important thing that you can do to help a loved one who may have a mental illness is to be supportive. Encourage your loved one to get all of the necessary treatment to help him or her get better. It is also important to try to understand that they are going through what can be a very difficult time, and sensitivity is key. Listen to what he or she may be saying to you and ask questions if you feel comfortable doing so. You may never be able to know exactly what they are going through, but your patience can be very helpful. Here is a list of tools that you may find helpful for yourself. Remember that these are only suggestions and if you feel you are becoming overwhelmed, or you simply have some unanswered questions, it is best to seek the advice and assistance of a professional.

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- **Listen.** It is important to be available to your loved one and to allow him or her space to share. These lines of communication will not only help you to understand, but it can also help you to be more prepared for any changes in symptoms and provide better assistance if you need to.
- **Remember, even if you are a doctor, you are not your loved one's doctor.** Allow the professionals to do the diagnosing and treating. They have the education and skills that are needed. You also may be too close to your loved one to be truly objective.
- **Be Supportive.** A mental illness can be scary for the person experiencing it and your loved one is going to need to know that you are there for him or her as much as you are able.
- **Consistency is also important** to establish a routine for both your loved one and for you. This can help to set up clear expectations from people and allow people to work within their strengths and weaknesses.
- **Try to get involved in your loved one's treatment** if he or she invites you to. This can help to remove the stigma that is attached to mental illness and allows you a better understanding of the care your loved one is receiving.

- **Join a local support group.** This extra support for you allows you to work through some of the very serious emotions you may feel when a loved one is sick. It can also make you feel less alone.
- **Take care of yourself.** If you are not feeling well yourself, you will not be able to help your loved one as well as you might like to.

As always, if you feel at all like a loved one or yourself may be experiencing a mental illness, it is important to seek the advice and help of a professional as soon as possible. It will help all those involved to get on the path of recovery sooner.

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A NOTE ABOUT SUICIDE

IF YOU FEEL THAT YOU MAY HURT YOURSELF OR SOMEONE ELSE NOW, STOP READING THIS AND CALL 911 OR THE EMERGENCY NUMBER IN YOUR AREA. YOU NEED IMMEDIATE ASSISTANCE AND IT IS AVAILABLE. TRUST YOUR FEELINGS AND REACH OUT FOR HELP.

With that said, suicide can be a frightening topic to discuss or even think about. Taking one's own life is a very serious thing to do, and it has tragic and far-reaching consequences for those who are left behind.

The most important thing to know about suicide if you are thinking about doing it, is that **there are alternatives available to you other than taking your own life, and there is help out there for you.** Life can be scary and bleak at times, but know that feelings do pass and that no situation is forever. Suicide is forever. It is a **permanent solution to a temporary situation.**

Another important thing to know about suicide if someone you know or love has committed suicide, is that **it is not your fault.** When someone has made the serious decision to take one's life, it is unlikely that you would know. He or she will not discuss it with you, and he or she will not want you to stop him or her. The signs can be very hard to read, but that is not a failure on anyone's part. The devastation of such a loss is great enough without unnecessary feelings of guilt.

There are some suicide risk factors that may be present, however, a person may exhibit these factors and not commit suicide. Again, proper treatment and intervention is always the best alternative.

- Family history of suicide
- Previous suicide attempt
- History of, or ongoing, family violence including both physical and sexual abuse
- Possession of a firearm in the home
- Impulsivity, or acting without thinking through the consequences of those actions
- One or more diagnosable mental disorders and/or substance abuse disorders
- Current stressful or difficult times in one's life

This list does not include all of the risk factors, nor does it mean that if you are experiencing any number of these factors that you are going to commit suicide. However, it is a guideline and can help to make you aware of life situations that, if present, can make a person more vulnerable to this behavior. **Most importantly, immediate professional treatment should be sought if suicidal thinking exists and/or persists.**

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