

# mental illness: what you need to know



**nami**

National Alliance on Mental Illness

*Find help. Find hope.*



National Alliance on Mental Illness

NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to services, treatment, supports and research and is steadfast in its commitment to raising awareness and building a community of hope for all of those in need.

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When mental illness strikes, it can turn lives upside down. Some people may not even recognize what is going on, especially during a first episode of psychosis or early on in the illness process. It's important to understand that episodes of psychosis and symptoms of mental illness can be challenging to diagnose and treat effectively and quickly. Getting a comprehensive assessment is the first step toward plotting a recovery strategy.

## **Mental Illness: An Overview**

Mental illnesses are medical conditions that can disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are brain-based conditions that often result in a variety of symptoms that can affect daily life.

Mental illnesses include depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder (OCD), posttraumatic stress disorder (PTSD), anxiety, borderline personality disorder and others.

One in four adults—approximately 60 million Americans—experiences a mental health disorder in a given year. One in 17 lives with a serious mental illness such as schizophrenia, depression or bipolar disorder and about one in 10 children lives with a serious mental or emotional disorder.



When people are diagnosed with mental illness, finding effective medical and psychiatric care is the first priority. But once such treatment begins, individuals living with mental health challenges and their families soon discover that the illness affects many aspects of their lives—and that they need more than medical help. Services to optimize recovery usually include some combination of psychosocial supports (e.g., family involvement, work or school support, psychotherapy and self management strategies) and medications (to reduce symptom intensity). Unfortunately, fewer than one-third of adults and one-half of children with diagnosed mental health disorders receive treatment every year.

No single, coordinated system of services for mental health care exists across the United States. When someone is diagnosed with mental illness, and if the individual is severely disabled, the person's family often assists in managing the person's comprehensive care. Although the service system is often fragmented, support groups of other NAMI families and people living with mental illness who have faced the same challenges exist in every state to share experience and knowledge.

Every person with mental illness requires his/her own treatment plan tailored to a specific situation. NAMI recommends that individuals consider some combination of medication, psychotherapy and lifestyle choices along with community supports to facilitate robust recovery. Recovery is a holistic process that integrates hope and strengths with services. Recovery from mental illness also includes attaining, and maintaining, physical health as another cornerstone of wellness. Finding a trustworthy and experienced health care provider is key, and discussing medication options is paramount after diagnosis. The U.S. Food and Drug Administration (FDA) periodically approves medications. For a current list, visit [www.fda.gov](http://www.fda.gov).

If you or someone you love has symptoms of a mental health condition or is diagnosed with a mental illness, the information in this brochure can help you take the first steps toward recovery. Mental illness affects every aspect of life and presents many challenges to individuals and their families. People who struggle with mental health conditions need community support and continuity of care to move toward recovery.

## About Psychosis

Early identification and evaluation of the onset of psychosis is an important health concern. Early detection and intervention improve outcomes. Psychosis may be transient, intermittent, short-term or part of a longer-term psychiatric condition.

Psychosis is not a diagnosis but rather an important symptom to understand. An episode of psychosis is usually a very frightening time for the person who is experiencing it and his or her family. People don't know what to do or where to turn when going through such a trying time.

Psychosis is defined as the experience of loss of contact with reality. Psychosis typically involves hallucinations (unusual experiences such as hearing voices) and/or delusions (fixed unusual beliefs). Psychosis can often be the precursor to a developing mental illness or the onset of one. It is important to understand the range of diagnostic possibilities, both in terms of possible diagnosis associated with psychosis and the prospects for recovery.

About three out of every 100 people will experience a psychotic episode in his/her lifetime. When a person experiences a first episode of psychosis, he or she may not understand what is happening. The first such episode often is very frightening, confusing and distressing, particularly because it is an unfamiliar experience. Unfortunately, there are also many negative stereotypes and misconceptions associated with psychosis that can further add to this distress. Fortunately, psychosis is treatable and many people recover from a first episode. NAMI has a wealth of resources on psychosis at [nami.org/psychosis](http://nami.org/psychosis).

## Addressing a First Episode of Psychosis in Teens and Young Adults

Understanding that a first episode of psychosis requires good assessment and care is a growing public health concern.

Members of the medical community are striving to develop intervention and treatment strategies that meet the needs of teens and young adults. Early detection and intervention can make a substantial difference in the outcomes.

The recognition that a family member may be developing an illness with psychosis (hallucinations or delusions as the most common symptoms) can be challenging to assess and also to bear emotionally. Young people living with these symptoms may or may not be sharing their experiences openly. School and work problems and a change in social relationships may be an early sign, though these are nonspecific issues that have many other possible causes. People also vary in their capacity to recognize these as symptoms of an illness process. These elements can compound the challenges of seeking help, even before confronting a complex and under-funded service system.

Supporting someone with the symptom of psychosis can be challenging—some teens and young adults will report fear and anxiety about their symptoms making reassurance and help seeking the key interventions. Others will interpret the



experience as part of their ordinary thinking processes and not be aware of its impact on their functioning. This requires a more complex engagement strategy to help them seek care. Still others will generate feedback from schools or law enforcement agencies for behavior that appears to be problematic. For many reasons people often delay seeking help for years and many do not get a correct diagnosis for up to a decade. Psychosis is itself not a diagnosis; like a fever, it is one very important symptom—and one that requires a comprehensive health assessment to determine the diagnosis associated with the symptom.

The teen and young adult years are a time of life when many psychiatric illnesses can begin to manifest. The biological and social stresses of this developmental stage contribute to this risk. Psychosis may be seen in different settings, for example, in response to severe stress, with extreme sleep deprivation, with the use of hallucinogenic drugs such as PCP or LSD, crystal meth or the use of medical medications like steroids or stimulants. Marijuana can increase the risk of development of psychosis, with the risk increasing for earlier use and more intensive use. Psychosis can also be associated with a mood disorder like bipolar disorder or major depression, medical conditions such as seizure disorders or head injury or the beginnings of a more persistent psychosis on the schizophrenia spectrum.



The assessment of the first episode of psychosis should involve a medical workup, a comprehensive psychiatric evaluation and a consideration of the young person's strengths and goals. Social support and educational and vocational programs are important pieces of any good treatment plan. Programming that is tailored to the needs of young people is often more successful at engaging them in moving forward, while at the same time trying to help youth make sense of the psychosis symptoms.

The specialization of programming for the first episode of psychosis is expanding and represents a public health breakthrough. These programs have more appeal to young people as peer connections are key to this stage of life. An active focus on goals, work, school and social connections speak to the developmental tasks of young adulthood. An additional emphasis on cognitive training, family engagement and co-occurring substance abuse is common in these programs. For a list of cities that have such specialized programs, visit the resources section at [nami.org/psychosis](http://nami.org/psychosis).

Family engagement is particularly important in the first presentation of psychosis. Families are often scared and anxious for their loved ones well being, and at the same time are often the major (or only) support for the person who is having the symptoms. Taking care of oneself while a family member is facing an emergent crisis is a profound challenge. NAMI was founded in part to address the family experience of caring for a loved one with a psychiatric illness. Family support and psychoeducation are essential and several models, including NAMI's Family-to-Family program, are available in many communities. See the resources section to find a free NAMI program near you.

Many young adults often have issues with co-occurring substance abuse disorders. Marijuana and alcohol are the most common substances that are abused by young adults with psychosis. The use of substances may be an effort to change feeling states (self-medication), to fit in with peers or simply to try to relax. The outcome for people with psychosis and ongoing substance abuse disorders are worse in many ways and actively addressing these concerns is essential. Some young adults can stop their use once they see the concerns of others around them or come to their own conclusions about its impact on their well-being.

## Diagnosing a Mental Illness

As with all types of illness, a doctor must be seen to provide a proper diagnosis. The doctor may perform a physical examination, an interview and lab tests. Unfortunately, an accurate mental health diagnosis cannot be identified through a simple blood test or brain scan. But these tests can help rule out other potential causes, such as a stroke or thyroid disease. If it is determined that the symptoms are not caused by any other illness, the doctor may recommend the individual sees a mental health professional such as a psychiatrist.

Getting a thorough medical workup is important to understanding the cause and diagnosis of psychosis and/or mental illness. It is important to rule out other medical causes as these have different treatment pathways. For example, some medical issues (like an infection or out-of-control diabetes) may worsen existing illnesses and responses to treatment. Health care providers need to take a good history and conduct exams and laboratory studies as needed.

One diagnostic approach health care providers may use to assess medical risk for brain-based symptoms such as psychosis, mania or depression is with the MINT, or Metabolic, Infectious, Neurologic, Traumatic model:

### Metabolic

- Has the person ingested drugs as above and has there been a toxicology screen performed?
- Has the person recently taken steroids or amphetamines? Is the person withdrawing from alcohol?

Here is what is known so far about certain substances and their relationship to psychosis:

#### **Marijuana/Hash/THC/K2/Spice**

Marijuana is a hallucinogenic drug and may activate or trigger psychosis in vulnerable individuals. This risk correlates with earlier and more intensive use.

#### **Methamphetamine (including crystal meth):**

Amphetamine psychosis is an uncommon, but known, phenomenon of individuals who take "speed" or other stimulants, usually in excess, thus triggering a psychotic episode.

**LSD/PCP/Psilocybin/Peyote/Mescaline:**

These are classified as hallucinogenic drugs.

**Ketamine (“Special K”):**

An anesthetic that may produce psychosis.

**Steroids:**

Steroids are known to be “mood looseners” which can activate mania or depression in vulnerable people. Steroids, in larger doses, also can produce psychosis.

- Is there a reversible medication effect?
- Has there recently been a medical intervention or surgical procedure?
- Are there other rare metabolic causes that can be identified (e.g., porphyria or Wilson’s disease)?
- For a person with an already existing psychosis, is there a metabolic condition (e.g., poorly controlled diabetes or infection) that is making the condition worse?

**Infectious**

- Is there any infectious process (e.g., Lyme disease or meningitis) that could be related to the psychosis?

There is ongoing research investigating other possible infectious causes such as toxoplasmosis.

**Neurologic**

- Is there a neurologic condition that could be causing the symptoms?

An example of such a condition is temporal lobe epilepsy (TLE, also called partial complex seizures). This is a seizure in a part of the brain that involves perception, and hallucinations can result from the seizures, which do not cause a loss of consciousness. A history of a head injury is sometimes associated with TLE. TLE requires anti-seizure medications and places care on a different pathway than antipsychotic therapy.

An EEG (electroencephalogram) is a procedure that studies electrical activity in brain and will be needed for diagnosis.

- Does the person evidence any other neurologic symptoms such as headache? If so, evaluation for rare conditions, such as brain tumors, should be evaluated. A neuro-imaging study like a CT scan or MRI may be undertaken to evaluate these possibilities.

## Traumatic

- Has there been a traumatic brain injury?

Understanding the history of head injuries and trauma is important to better appreciate the role of injury in the presentation. Traumatic brain injuries (TBI) can present with many different cognitive and emotional aspects including in rare cases psychosis.

If there are no medical causes for the symptoms then attention turns to understanding the psychiatric condition. Examples of such conditions follow below.

## Frequently Diagnosed Mental Illnesses

### 1. Schizophrenia

Schizophrenia is a serious mental illness that affects 2.4 million American adults over the age of 18. Although it affects men and women with equal frequency, schizophrenia most often appears in men in their late teens or early twenties, while it often appears in women a few years later. The symptoms, strengths and course of the illness is unique for each person.

Interfering with a person's ability to think clearly, manage emotions, make decisions and relate to others, schizophrenia impairs a person's ability to function to their potential when it is not treated. Unfortunately, no single, simple course of treatment exists. Research has linked schizophrenia to many of possible causes, including aspects of brain chemistry and structure, as well as environmental causes. Environmental stressors and genetic risks are now thought to both contribute to this illness.

Because the illness may cause unusual, inappropriate and sometimes unpredictable and disorganized behavior, people who are not effectively treated are often shunned and the targets of social prejudice. The apparent erratic behavior is often caused by the delusions and hallucinations that are symptoms of schizophrenia. Along with medication (mainly antipsychotic medications), psychosocial rehabilitation and other community-based support can help those with schizophrenia go on to lead meaningful and satisfying lives. A lack of appropriate services devoted to individuals living with schizophrenia has left

many improperly placed in jails and prisons without the help they need.

Schizophrenia frequently co-occurs with a lack of insight into the illness (called anosognosia) and with substance abuse. Both of these complicate recovery efforts and require additional attention. The varying nature of each person living with schizophrenia means that recovery for every individual is different. Learn more at [nami.org/schizophrenia](http://nami.org/schizophrenia).

## **2. Bipolar Disorder**

Bipolar disorder is a chronic illness with recurring episodes of mania and depression that can last from one day to several months. This illness causes unusual and dramatic shifts in mood, energy and the ability to think clearly. Cycles of high (manic) and low (depressive) moods may follow an irregular pattern that differs from the typical ups and downs experienced by most people. The symptoms of bipolar disorder can have a negative impact on a person's life. Damaged relationships or a decline in job or school performance are potential effects, but positive outcomes are possible. Attending to the risk of co-occurring substance abuse is important for people living with bipolar disorder.

Two main features characterize people who live with bipolar disorder: intensity and oscillation (ups and downs). People living with bipolar disorder often experience two intense emotional states. These two states are known as mania and depression. A manic state can be identified by feelings of extreme irritability and/or euphoria, along with several other symptoms during the same week such as agitation, surges of energy, reduced need for sleep, talkativeness, pleasure-seeking and increased risk-taking behavior. On the other side, when an individual experiences symptoms of depression, they feel extremely sad, hopeless, lethargic and may have suicidal thoughts. Not everyone's symptoms are the same and the pattern and severity of mania and depression can vary. Learning how to manage bipolar disorder is important and possible.

More than 10 million Americans have bipolar disorder. Although the illness can occur at any point in life, more than one-half of all cases begin between ages 15-25. Bipolar disorder affects men and women equally. Visit [nami.org/bipolar](http://nami.org/bipolar) to learn more.

### 3. Depression

Major depression is a mood state that goes well beyond temporarily feeling sad or blue. It is a serious medical illness that affects one's thoughts, feelings, behavior, mood and physical health for more than two weeks. Depression is often a life-long condition in which periods of wellness alternate with recurrences of illness.

Each year depression affects 5-8 percent of adults in the United States. This means that about 25 million Americans will have an episode of major depression this year alone. Depression occurs 70 percent more frequently in women than in men for reasons that are not fully understood. Without treatment, the frequency and severity of these symptoms tend to increase over time.

Major depression is also known as clinical depression, major depressive illness and unipolar mood disorder. It involves some combination of the following symptoms: depressed mood (sadness), poor concentration, insomnia, fatigue, appetite disturbances, excessive guilt or hopelessness and thoughts of suicide. Left untreated, depression can lead to serious impairment in daily functioning and even suicide, which is the 10th-leading cause of death in the U.S.



Researchers believe that more than one-half of people who die by suicide are experiencing depression. As devastating as this disease may be, it is treatable in most people. The availability of effective treatments (medications and counseling) and a better understanding of the biological basis for depression may lessen the barriers that can prevent early detection, accurate diagnosis and the decision to seek medical treatment. For more on depression, visit [nami.org/depression](http://nami.org/depression).

#### **4. Obsessive-compulsive Disorder (OCD)**

Obsessions are intrusive, irrational thoughts—unwanted ideas or impulses that repeatedly well up in a person’s mind. Again and again, the person experiences disturbing thoughts, such as “my hands must be contaminated; I must wash them” or “I am going to injure my child.” On one level, the individual knows these obsessive thoughts are irrational. But on another level, he or she fears these thoughts might be true. Trying to avoid such thoughts creates great anxiety.

Compulsions are repetitive rituals such as hand-washing, counting, checking, hoarding or arranging. An individual repeats these actions, perhaps feeling momentary relief, but without feeling satisfaction or a sense of completion. People with OCD feel they must perform these compulsive rituals or something bad will happen.

Many people at one time or another experience recurrent thoughts or driven behaviors. Obsessive-compulsive disorder occurs when an individual experiences obsessions and compulsions for more than an hour each day, in a way that interferes with his or her life. OCD is often described as “a disease of doubt.” People experience “pathological doubt” because they are unable to distinguish between what is possible, what is probable and what is unlikely to happen. Effective treatments are available for OCD that include medications and behavioral therapy. Learn more at [nami.org/OCD](http://nami.org/OCD).

#### **5. Posttraumatic Stress Disorder (PTSD)**

PTSD can affect many different people, from survivors of rape and survivors of natural disasters to military service men and women. Roughly 10 percent of women and 5 percent of men are diagnosed with PTSD in their lifetimes, and many others will experience some adverse effects from trauma at some point in their lives. According to the National Institute of Mental Health,

about one in 30 adults in the U.S. experiences from PTSD in a given year—and that risk is much higher in veterans of war.

Some symptoms of PTSD include recurrent nightmares or flashbacks, physical reactions to triggers that symbolize or resemble the event, avoidance of activities, places or people that remind the person of the trauma, feelings of detachment or estrangement from others, difficulty falling asleep or staying asleep and exaggerated startle response, among others.

The role of psychological trauma in human experience and in informing mental illness care has gained momentum in the past decades. PTSD is increasingly thought to be a normal variation of human response to an extreme threat to one's safety. Visit [nami.org/ptsd](http://nami.org/ptsd) to learn more.

## **6. Attention-deficit Disorder (ADD) and Attention-deficit Hyperactivity Disorder (ADHD)**

Attention-deficit hyperactivity disorder (ADHD) is a condition characterized by inattention, hyperactivity and impulsivity. The most commonly diagnosed behavior disorder in young people, the Center for Disease Control and Prevention (CDC) reports that ADHD affects an estimated 9 percent of children aged 3-17 and 2-4 percent of adults.

Although ADHD has its onset and is usually diagnosed in childhood, it is not a disorder limited to children—ADHD often persists into adolescence and adulthood and is frequently not diagnosed until later years.

There are actually thought to be three different types of ADHD, each with different symptoms: predominantly inattentive, predominantly hyperactive/impulsive and a combination of the two.

Those living with the predominantly inattentive type often:

- Fail to pay close attention to details or make careless mistakes in schoolwork, work or other activities.
- Have difficulty sustaining attention to tasks or leisure activities.
- Do not seem to listen when spoken to directly.
- Do not follow through on instructions and fail to finish schoolwork, chores or duties in the workplace.
- Have difficulty organizing tasks and activities.

- Avoid, dislike or are reluctant to engage in tasks that require sustained mental effort.
- Lose things necessary for tasks or activities.
- Are easily distracted by extraneous stimuli and are forgetful in daily activities.

Those living with the predominantly hyperactive/impulsive type often:

- Fidget with their hands or feet or squirm in their seat.
- Leave their seat in situations in which remaining seated is expected.
- Move excessively or feel restless during situations in which such behavior is inappropriate.
- Have difficulty engaging in leisure activities quietly.
- Are “on the go” or act as if “driven by a motor.”
- Talk excessively.
- Blurt out answers before questions have been completed.
- Have difficulty awaiting their turn.
- Interrupt or intrude on others.

Those living with the combined type, the most common type of ADHD, have a combination of the inattentive and hyperactive/impulsive symptoms.

To learn more about ADHD, visit [nami.org/ADHD](http://nami.org/ADHD).

## **7. Borderline Personality Disorder (BPD)**

BPD is characterized by pervasive instability in moods, interpersonal relationships, self-image and behavior. It is a disorder of emotional dysregulation. This instability often disrupts family and work, long-term planning and the individual’s sense of self-identity. While less well known than schizophrenia or bipolar disorder, BPD is common (estimates range from 2-5 percent) and important to understand.

The disorder, characterized by intense and dysregulated emotions, self-harming acts and stormy interpersonal relationships, was officially recognized in 1980. Learning how to manage dysregulated emotions is essential, but there is an inadequate professional workforce for the extended psychosocial treatments that BPD usually requires. There has been much progress and success in the past 25 years in the understanding of and specialized treatment for BPD. To learn more, visit [nami.org/bpd](http://nami.org/bpd).

## **8. Other Illnesses**

There are many resources online at [nami.org](http://nami.org) for other mental illnesses such as schizo-affective disorder, eating disorders, Dissociative Identity Disorder and anxiety. Please visit [nami.org](http://nami.org) to learn more about these illnesses, as well as the ones listed above.

## **Treatment**

Because mental illnesses are typically persistent illnesses, continuous maintenance to help prevent the reemergence of symptoms is recommended. The management of the illness should include attention to lifestyle, stress management, supports and also medication options. There is no one approach. It is essential to put together a care plan with elements specific to individual needs. If mental illnesses are left untreated, the symptoms can become more pronounced. Recognition and diagnosis of any condition in its earliest stages is important so that one can receive effective treatment. Effective treatment plans usually include medication, psychotherapy, education, self-management strategies and external supports such as family, friends and formal support groups. Combining these elements and revising the treatment plan based on assessment of an individual's response is the best means of preventing relapse and reducing the severity of symptoms.

## **Medications**

Not everyone responds to medications in the same way. Several classes of medications are now available, those that help psychosis (antipsychotics), depression (antidepressants), anxiety symptoms (anti-anxiety medications) and mood instability (mood stabilizers and others). While they are usually effective, they also have side effects that will need to be monitored and minimized. Often, multiple types of medication must be assessed in order to find the one, or ones, that are the most effective for an individual. Information on medications can change. For the most up-to-date information, visit [www.fda.gov](http://www.fda.gov).

## **Psychotherapy**

While medication is often one key element in successful treatment of mental illness, psychotherapy, support groups and knowledge about the illness are also essential components of the treatment process. The most useful psychotherapies generally focus on understanding the illness (psychoeducation), and on learning how to cope and change ineffective patterns of thinking. One popular type of psychotherapy used for changing these ineffective patterns is cognitive behavioral therapy (CBT).

Cognition, the ability to think and to use higher brain functions, is often compromised when symptoms of mental illness are present. A new mode of treatment called cognitive remediation, (one approach is cognitive enhancement therapy, or CET) has been shown to be effective for people living with psychosis. CET uses computer and group work to build learning pathways as well as social interaction. CET can be found through some mental health centers or providers ([cognitiveenhancementtherapy.com](http://cognitiveenhancementtherapy.com)).

## **Other Treatment Interventions**

### **Electroconvulsive Therapy (ECT) and Transcranial Magnetic Stimulation (TMS)**

For severely symptomatic people with depression and psychosis where medication and psychotherapy do not work, ECT may be useful. ECT involves the use of short electrical impulses transmitted into the brain. Although ECT is a highly effective treatment for severe depression, manic, or mixed episodes, it is not usually the first choice in providing treatment. ECT still produces some side effects, including some memory loss, which may be longlasting, but may be a lifesaving treatment for the right people. Interest is growing in TMS, which may be an alterative intervention for some individuals with treatment resistant depression and appears to have many fewer side effects.

### **Complementary and Alternative Medicine (CAM)**

CAM refers to alternative forms of medicine that are not considered part of conventional (Western) medicine. In recent years, CAM has become increasingly popular, but no CAM strategy has won FDA approval. While there is still limited data showing support for many CAM practices and some inconsistency in results, there studies which support the usefulness of CAM strategies that are considered to have minimal if any adverse effects. Some examples of CAM include taking omega-3 fatty acids (fish oil), practicing yoga and/

or meditation and other supplemental treatments to promote recovery.

Visit the treatment section at [nami.org](http://nami.org) for a full look at the spectrum of treatment approaches.

## **Special Populations**

### **Women**

Women living with a mental illness who are pregnant or may become pregnant also face many challenges. The mood stabilizing medications used today can hurt a developing fetus or nursing infant. However, stopping medications, suddenly or gradually, greatly increases the risk that mental health symptoms will recur during pregnancy. A careful risk benefit assessment should be conducted in collaboration with a health care provider in this circumstance.

### **Children and Teens**

Appropriate treatment for children must typically include psychotherapy that involves the parents. When the child is a preschooler, therapists often need to work directly with the parents. As the child becomes older, work can be done directly with the child while integrating the family. Appropriate psychotherapeutic treatment will often include individual, family and group therapy. The use of medication in children and teens requires careful assessment of the growing but limited research literature and a full discussion of the risks and benefits of treatment options.

### **Cultural Groups**

African Americans, Latinos and other cultural groups are more prone to misdiagnosis, likely due to differing cultural or religious beliefs or language barriers with caregivers. For anyone who has received a diagnosis of a mental illness, it is important to look for a health care professional who understands a person's cultural background and shares the same expectations for treatment. NAMI advocates for services that are culturally competent.

## **Recovery: A Journey**

Although recovery may not mean returning to exactly the same life before the onset of a mental illness, with effective medication and a wide range of services tailored to their needs, most people who live with mental illness can significantly reduce the impact of their illness and live satisfying lives. It is important to develop expertise in managing the illness process. The recovery journey is unique for each individual. There are several definitions of recovery; some grounded in medical and clinical values, some grounded in context of community and some in successful living. One of the most important principles is this: recovery is a process, not an event. The uniqueness and individual nature of recovery must be honored. When people become more familiar with their illness, recognizing unique patterns of behavior and symptoms comes with more ease. When they see these signs and seek effective and timely care, they can often prevent relapses. However, treatment must be continuous for most people.

### **Coping Strategies**

Leading a balanced lifestyle can help make living with mental illness more manageable. The strategies below are suggestions from real people who have had success in managing their illness.

#### ***Become an Expert***

There are many excellent sources of information on mental illness, including nami.org. Learn as much as possible about medications, keep up with current research and treatment options, attend local conferences and network with other people at meetings and support groups. Build a personal library of useful websites and helpful books. Consider becoming a peer leader.

#### ***Recognize Early Symptoms***

Learning a pattern of symptom development is key. Identifying certain stressors, times of year or other factors that trigger symptoms may help identify an emerging episode. This can prompt more aggressive intervention to prevent the worsening of symptoms.

#### ***Engage in Treatment***

The relationship with a health care provider is fundamental to the successful management of any mental illness. To be partners, both must develop a trust and a strong line of communication. Providing the information a health care provider needs to aid recovery, including complete and honest

reports about reactions to medications, improving or worsening symptoms and anything that could trigger stress, is critical to finding the best outcomes.

### ***Develop a Plan***

To reduce uncertainty and stress, know what to do in a crisis. Although it might be challenging to discuss mental illness, loved ones, friends and health care providers all play key roles in a person's recovery process. Most communities have a crisis hotline or emergency walk-in centers, so know where they are and how to access them.

### ***Find Support***

Emotional support from others living with mental illness is an important part of recovery. It is helpful to share thoughts, fears and questions with others who have the same illness. For more on NAMI's free support and education programs, see the resources section. Online message boards and groups found through social networking sites are good resources for connecting with others, too.

### ***Avoid Alcohol and Substances***

Drugs and alcohol disturb an already delicate emotional balance and can also interact dangerously with medications. Both depression and mania make these drugs appear to be attractive options to "slow down" or "perk up," but the potential damage will block the road to recovery.

### ***Get Healthy***

Maintain a well-balanced diet and engage in regular exercise and relaxation. This helps produce positive mental and physical health benefits. Try to incorporate low-key activities like meditation, yoga or Tai Chi into daily life to help alleviate stress and achieve balance. Medication side effects can be important to address. For more information visit [nami.org/heartsandminds](http://nami.org/heartsandminds).

### ***Get Involved***

If paid employment or returning to school are not options at this time, volunteer work can enrich a person's life, teach useful skills and help create a sense of purpose and structure. Learning a new skill or hobby, particularly a creative one, can offer constructive alone time to help balance out a busy life. Engaging in the community—and becoming a peer resource for others—is another way people can get involved with the world around them. The advocacy and teaching of people who have "been there" have moved mountains. Consider being part of the movement to improve care.

## Resources

**Boston University's Center for Psychiatric Rehabilitation**  
[www.bu.edu/cpr](http://www.bu.edu/cpr)

**Mary Ellen Copeland/Wellness Recovery Action Program (WRAP)**  
[www.mentalhealthrecovery.com](http://www.mentalhealthrecovery.com)

**National Center for Complementary and Alternative Medicine (NCCAM)**  
[www.nccam.nih.gov](http://www.nccam.nih.gov)

**National Institute of Mental Health (NIMH)**  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

**www.nami.org** features the latest information on mental illnesses, medication and treatment and resources for support and advocacy. Other features include online discussion groups and fact sheets.

**StrengthofUs.org** is an online social community for teens and young adults living with mental illness, is a place where they can connect while learning about services, supports and handling the unique challenges and opportunities of transition-age years.

**The NAMI Information HelpLine** receives more than 5,000 requests each month from individuals needing support, referral and information. More than 60 fact sheets on a variety of topics are available along with referrals to NAMI's network of NAMI Affiliates in communities across the country.  
[www.nami.org/helpline](http://www.nami.org/helpline) • (800) 950-NAMI (6264)

**NAMI Hearts & Minds** is an online, interactive wellness educational initiative intended to promote quality of life and recovery for individuals who live with mental illness. Focuses include exercise, nutrition and smoking cessation.  
[www.nami.org/heartsandminds](http://www.nami.org/heartsandminds)

**NAMI Peer-to-Peer** is a free, 10-week education course on the topic of recovery for any person living with a serious mental illness. Led by mentors who themselves have achieved recovery, the course provides participants comprehensive information and teaches strategies for personal and interpersonal awareness, coping skills and self-care.  
[www.nami.org/peertopeer](http://www.nami.org/peertopeer)

**NAMI Family-to-Family** is a free, 12-week course for family caregivers of adults living with mental illness. An evidence-based practice taught by trained NAMI family members who have relatives living with mental illness, the course provides caregivers with communication and problem-solving techniques, coping mechanisms and the self-care skills needed to deal with their loved ones and the impact on the family. Also available in Spanish. [www.nami.org/familytofamily](http://www.nami.org/familytofamily)

**NAMI In Our Own Voice** is a public education presentation. It enriches the audiences' understanding of how the more than 58 million Americans contending with mental illness cope while also reclaiming rich and meaningful lives. Presented by two trained speakers who themselves live with mental illness, the presentation includes a brief video and personal testimonials, last 60-90 minutes and is offered free of charge.

[www.nami.org/ioov](http://www.nami.org/ioov)

**NAMI Connection** is a recovery support group for adults living with mental illness regardless of their diagnosis. Every group is offered free of charge and meets weekly for 90 minutes. NAMI Connection offers a casual and relaxed approach to sharing the challenges and successes of coping with mental illness. The groups are led by trained individuals who are in recovery—people who understand the challenges others living with mental illness face.

[www.nami.org/connection](http://www.nami.org/connection)

**NAMI Basics** is a free, educational program for parents and other primary caregivers of children and adolescents living with mental illness. The course is presented in six different classes, provides learning and practical insights for families and is taught by trained parents and caregivers who have lived similar experiences with their own children.

[www.nami.org/basics](http://www.nami.org/basics)



**National Alliance on Mental Illness**

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