



Informational Booklet

umattermovement.org

Our Mission

To provide resources and aid to those who are currently struggling with or have formerly struggled with mental health and/or addiction through establishing a safe, inclusive, accessible environment that allows for growth, guidance, encouragement, empathy, and exploration with an emphasis on increasing awareness and erasing the stigma surrounding mental health and addiction.

Donate



What is depression?

Everyone feels sad or low sometimes, but these feelings usually pass. Depression (also called major depression, major depressive disorder, or clinical depression) is different. It can cause severe symptoms that affect how a person feels, thinks, and handles daily activities, such as sleeping, eating, or working.

Depression can affect anyone regardless of age, gender, race or ethnicity, income, culture, or education. Research suggests that genetic, biological, environmental, and psychological factors play a role in the disorder.

Women are diagnosed with depression more often than men, but men can also be depressed. Because men may be less likely to recognize, talk about, and seek help for their negative feelings, they are at greater risk of their depression symptoms being undiagnosed and undertreated. Studies also show higher rates of depression and an increased risk for the disorder among members of the LGBTQI+ community.

In addition, depression can co-occur with other mental disorders or chronic illnesses, such as diabetes, cancer, heart disease, and chronic pain. Depression can make these conditions worse and vice versa. Sometimes, medications taken for an illness cause side effects that contribute to depression symptoms as well.

What are the different types of depression?

There are two common types of depression.

- **Major depression** includes symptoms of depressed mood or loss of interest, most of the time for at least 2 weeks, that interfere with daily activities.
- **Persistent depressive disorder** (also called dysthymia or dysthymic disorder) consists of less severe depression symptoms that last much longer, usually for at least 2 years.

Other types of depression include the following.

- **Seasonal affective disorder** comes and goes with the seasons, with symptoms typically starting in the late fall and early winter and going away during the spring and summer. For more information, visit www.nimh.nih.gov/SAD.
- **Depression with symptoms of psychosis** is a severe form of depression in which a person experiences psychosis symptoms, such as delusions or hallucinations. For more information, visit www.nimh.nih.gov/psychosis.
- **Bipolar disorder** involves depressive episodes, as well as manic episodes (or less severe hypomanic episodes) with unusually elevated mood, greater irritability, or increased activity level. For more information, visit www.nimh.nih.gov/bipolardisorder.

Additional types of depression can occur at specific points in a woman's life. Pregnancy, the postpartum period, the menstrual cycle, and menopause are associated with physical and hormonal changes that can bring on a depressive episode in some people.

- **Premenstrual dysphoric disorder** is a more severe form of premenstrual syndrome, or PMS, that occurs in the weeks before menstruation.
- **Perinatal depression** occurs during pregnancy or after childbirth. It is more than the "baby blues" many new moms experience after giving birth. For more information, visit www.nimh.nih.gov/perinataldepression.
- **Perimenopausal depression** affects some women during the transition to menopause. Women may experience feelings of intense irritability, anxiety, sadness, or loss of enjoyment.

What are the signs and symptoms of depression?

Common signs and symptoms of depression include:

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness or pessimism
- Feelings of irritability, frustration, or restlessness
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in hobbies and activities
- Fatigue, lack of energy, or feeling slowed down
- Difficulty concentrating, remembering, or making decisions
- Difficulty sleeping, waking too early in the morning, or oversleeping
- Changes in appetite or unplanned weight changes
- Physical aches or pains, headaches, cramps, or digestive problems without a clear physical cause that do not go away with treatment
- Thoughts of death or suicide or suicide attempts

Depression can also involve other changes in mood or behavior that include:

- Increased anger or irritability
- Feeling restless or on edge
- Becoming withdrawn, negative, or detached
- Increased engagement in high-risk activities
- Greater impulsivity
- Increased use of alcohol or drugs
- Isolating from family and friends
- Inability to meet responsibilities or ignoring other important roles
- Problems with sexual desire and performance

Not everyone who is depressed shows all these symptoms. Some people experience only a few symptoms, while others experience many. Depression symptoms interfere with day-to-day functioning and cause significant distress for the person experiencing them.

If you show signs or symptoms of depression and they persist or do not go away, talk to a health care provider. If you see signs of depression in someone you know, encourage them to seek help from a mental health professional.

If you or someone you know is struggling or having thoughts of suicide, call or text the 988 Suicide and Crisis Lifeline at **988** or chat at 988lifeline.org. In life-threatening situations, call **911**.



How is depression diagnosed?

To be diagnosed with depression, a person must have symptoms most of the day, nearly every day, for at least 2 weeks. One of the symptoms must be a depressed mood or a loss of interest or pleasure in most activities. Children and adolescents may be irritable rather than sad.

Although several persistent symptoms, in addition to low mood, are required for a depression diagnosis, people with only a few symptoms may benefit from treatment. The severity and frequency of symptoms and how long they last vary depending on the person.

If you think you may have depression, talk to a health care provider, such as a primary care doctor, psychologist, or psychiatrist. During the visit, the provider may ask when your symptoms began, how long they have lasted, how often they occur, and if they keep you from going out or doing your usual activities. It may help to take some notes about your symptoms before the visit.

Certain medications and medical conditions, such as viruses or thyroid disorders, can cause the same symptoms as depression. A provider can rule out these possibilities by doing a physical exam, interview, and lab tests.

Does depression look the same in everyone?

Depression can affect people differently depending on their age.

- **Children** may be anxious or cranky, pretend to be sick, refuse to go to school, cling to a parent, or worry that a parent may die.
- **Older children and teens** may get into trouble at school, sulk, be easily frustrated, feel restless, or have low self-esteem. They may have other disorders, such as anxiety, an eating disorder, attention-deficit/hyperactivity disorder, or substance use disorder. Older children and teens are also more likely to experience excessive sleepiness (called hypersomnia) and increased appetite (called hyperphagia).
- **Young adults** are more likely to be irritable, complain of weight gain and hypersomnia, and have a negative view of life and the future. They often have other disorders, such as generalized anxiety disorder, social phobia, panic disorder, or substance use disorder.
- **Middle-aged adults** may have more depressive episodes, decreased libido, middle-of-the-night insomnia, or early morning waking. They often report stomach problems, such as diarrhea or constipation.
- **Older adults** often feel sadness, grief, or other less obvious symptoms. They may report a lack of emotions rather than a depressed mood. Older adults are also more likely to have other medical conditions or pain that can cause or contribute to depression. Memory and thinking problems (called pseudodementia) may be prominent in severe cases.

Depression can also look different in men versus women, such as the symptoms they show and the behaviors they use to cope with them. For instance, men (as well as women) may show symptoms other than sadness, instead seeming angry or irritable.

For some people, symptoms manifest as physical problems (for example, a racing heart, tightened chest, chronic headaches, or digestive issues). Many men are more likely to see a health care provider about these physical symptoms than their emotional ones. While increased use of alcohol or drugs can be a sign of depression in any person, men are also more likely to use these substances as a coping strategy.

How is depression treated?

Depression treatment typically involves psychotherapy (in person or virtual), medication, or both. If these treatments do not reduce symptoms sufficiently, brain stimulation therapy may be another option.

Choosing the right treatment plan is based on a person's needs, preferences, and medical situation and in consultation with a mental health professional or a health care provider. Finding the best treatment may take trial and error.

For milder forms of depression, psychotherapy is often tried first, with medication added later if the therapy alone does not produce a good response. People with moderate or severe depression usually are prescribed medication as part of the initial treatment plan.

Psychotherapy

Psychotherapy (also called talk therapy or counseling) can help people with depression by teaching them new ways of thinking and behaving and helping them change habits that contribute to depression. Psychotherapy occurs under the care of a licensed, trained mental health professional in one-on-one sessions or with others in a group setting.

Psychotherapy can be effective when delivered in person or virtually via telehealth. A provider may support or supplement therapy using digital or mobile technology, like apps or other tools.

Evidence-based therapies to treat depression include cognitive behavioral therapy and interpersonal therapy. Using other forms of psychotherapy, such as psychodynamic therapy, for a limited time also may help some people with depression.

- **Cognitive behavioral therapy (CBT):** With CBT, people learn to challenge and change unhelpful thoughts and behaviors to improve their depressive and anxious feelings. Recent advances in CBT include adding mindfulness principles and specializing the therapy to target specific symptoms like insomnia.
- **Interpersonal therapy (IPT):** IPT focuses on interpersonal and life events that impact mood and vice versa. IPT aims to help people improve their communication skills within relationships, form social support networks, and develop realistic expectations to better deal with crises or other issues that may be contributing to or worsening their depression.

For more information on psychotherapy, including what to look for in a therapist and how to find one, visit www.nimh.nih.gov/psychotherapies.

Medication

Antidepressants are medications commonly used to treat depression. They work by changing how the brain produces or uses certain chemicals involved in mood or stress.

Antidepressants take time—usually 4–8 weeks—to work, and problems with sleep, appetite, and concentration often improve before mood lifts. Giving a medication a chance to work is important before deciding whether it is right for you.

Treatment-resistant depression occurs when a person doesn't get better after trying at least two antidepressants. Esketamine is a medication approved by the U.S. Food and Drug Administration (FDA) for treatment-resistant depression. Delivered as a nasal spray in a doctor's office, clinic, or hospital, the medication acts rapidly, typically within a couple of hours, to relieve depression symptoms. People will usually continue to take an antidepressant pill to maintain the improvement in their symptoms.

Another option for treatment-resistant depression is to combine an antidepressant with a different type of medication that may make it more effective, such as an antipsychotic or anticonvulsant medication.

All medications can have side effects. Talk to a health care provider before starting or stopping any medication. For more information, visit www.nimh.nih.gov/medications.

Note: In some cases, children, teenagers, and young adults under 25 years may experience an increase in suicidal thoughts or behavior when taking antidepressants, especially in the first few weeks after starting or when the dose is changed. The FDA advises that patients of all ages taking antidepressants be watched closely, especially during the first few weeks of treatment.

Information about medication changes frequently. You can learn more about specific medications like esketamine, including the latest approvals, side effects, warnings, and patient information, on the FDA website at www.fda.gov/drugsatfda.

Brain stimulation therapy

Brain stimulation therapy is an option when other depression treatments have not worked. The therapy involves activating or inhibiting the brain with electricity or magnetic waves.

Although brain stimulation therapy is less frequently used than psychotherapy and medication, it can play an important role in treating depression in people who have not responded to other treatments. The therapy generally is used only after a person has tried psychotherapy and medication, and those treatments usually continue. Brain stimulation therapy is sometimes used as an earlier treatment option when severe depression has become life-threatening, such as when a person has stopped eating or drinking or is at a high risk of suicide.

The FDA has approved several types of brain stimulation therapy. The most used are electroconvulsive therapy (ECT) and repetitive transcranial magnetic stimulation (rTMS). Other brain stimulation therapies are newer and, in some cases, still considered experimental. You can learn more about these therapies at www.nimh.nih.gov/braintherapies.

Natural products

The FDA has not approved any natural products for treating depression. Although research is ongoing and findings are inconsistent, some people report that natural products, including vitamin D and the herbal dietary supplement St. John's wort, helped their depression symptoms. However, these products can come with risks, including, in some cases, interactions with prescription medications.

Do not use vitamin D, St. John's wort, or other dietary supplements or natural products without first talking to a health care provider. Rigorous studies must test whether these and other natural products are safe and effective.



How can I take care of myself?

Most people with depression benefit from mental health treatment. Once you begin treatment, you should gradually start to feel better. Go easy on yourself during this time. Try to do things you used to enjoy. Even if you don't feel like doing them, they can improve your mood.

Other things that may help:

- Try to get physical activity. Just 30 minutes a day of walking can boost your mood.
- Try to maintain a regular bedtime and wake-up time.
- Eat regular, healthy meals.
- Do what you can as you can. Decide what must get done and what can wait.
- Connect with people. Talk to people you trust about how you are feeling.
- Delay making important life decisions until you feel better. Discuss decisions with people who know you well.
- Avoid using alcohol, nicotine, or drugs, including medications not prescribed for you.

How can I find help for depression?

The National Institute of Mental Health (NIMH) has information on ways to get help, find a health care provider, and access treatment at www.nimh.nih.gov/findhelp. You can also find tips to help prepare for and get the most out of your health care visit at www.nimh.nih.gov/talkingtips.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has an online tool to find mental health services in your area at <https://findtreatment.gov>.

How can I help a loved one who is depressed?

If someone you know is depressed, help them see a health care provider or mental health professional. You also can:

- Offer support, understanding, patience, and encouragement.
- Invite them out for walks, outings, and other activities.
- Help them stick to their treatment plan, such as setting reminders to take prescribed medications.
- Make sure they have transportation or access to therapy appointments.
- Remind them that, with time and treatment, their depression can lift.



Clinical trials

Clinical trials are research studies that look at ways to prevent, detect, or treat diseases and conditions. These studies help show whether a treatment is safe and effective in people. Some people join clinical trials to help doctors and researchers learn more about a disease and improve health care. Other people, such as those with health conditions, join to try treatments that aren't widely available.

NIMH supports clinical trials across the United States. Talk to a health care provider about clinical trials and whether one is right for you. For more information, visit www.nimh.nih.gov/clinicaltrials.

For more information

Learn more at www.nimh.nih.gov/health. For information about various health topics, visit the National Library of Medicine's MedlinePlus resource at <https://medlineplus.gov>.

Contact us

National Institute of Mental Health

Office of Science Policy, Planning, and Communications

6001 Executive Boulevard, MSC 9663

Bethesda, MD 20892-9663

Phone: 1-866-615-6464

Email: nimhinfo@nih.gov

Website: www.nimh.nih.gov

En español: www.nimh.nih.gov/espanol

Reprints

The information in this publication is in the public domain and may be reused or copied without permission. However, you may not reuse or copy images. Please cite the National Institute of Mental Health as the source. Read our copyright policy to learn more about our guidelines for reusing NIMH content at www.nimh.nih.gov/copyright.



National Institute
of Mental Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

NIH Publication No. 24-MH-8079

Revised 2024

Division of Behavioral Health

DEPRESSION

Everyone suffers from depression from time to time. It's a natural defense mechanism that allows the mind to take a rest by causing an individual to withdraw from reality for a day or two. But for some people, the withdrawal is deeper and lasts longer. It interferes with their lives and can lead them to substance abuse or suicide as a means of escape. When this happens, a person is said to have a mental illness called severe depression.

▼ Types of depression.

There are three types of depression:

- Mild depression is the most common and can be brought on by both happy and sad events. A wedding is certainly happy, but also very stressful, and the stress can be depressing. Another common cause is childbirth, which may lead to post-partum blues. While usually mild, it can become severe.
- Moderate depression, or a feeling of hopelessness, lasts longer and is more intense. Moderate depression is often brought on by a sad event, such as a death of a loved one or loss of a job. It usually does not interfere with daily living, but can become severe. If it persists, professional help may be warranted.
- Severe depression can cause a person to lose interest in the outside world, can cause physical changes, and can lead to suicide. A person with severe depression requires professional treatment.

Note: Bipolar disorder is a mental illness characterized by extreme mood swings from mania (excessive excitement or joy) to deep depression with many of the same symptoms and causes as depression, but requiring a different course of treatment. This illness is also known as bi-polar disorder.

▼ Who is affected.

One in five people suffers from depression at some point in their life. Depression can strike any one, even children and babies who have been abused or neglected.

Middle-aged adults, however, are more likely to become depressed than any other age group.

While depression is often associated with loneliness, married people are more likely to become depressed than single people. Women are twice as likely as men to become depressed.

▼ Symptoms.

The symptoms of depression range from feeling "down" to feeling suicidal. A slowing down or neglect in performing daily tasks, irritability, poor memory, or changes in behavior are all symptoms. A loss of sexual desire or loss of warm feelings toward family members, a lack of pleasure in anything, or a loss of self-esteem can be symptoms. Physical changes can include sleep disturbances, fatigue, unexplained headaches or backaches, digestive problems, and nausea.

All of us at some time experience one or more of these symptoms. But when they become persistent and so severe that pain and other problems outweigh pleasure much of the time, then it is time to seek professional help.

▼ Causes.

There is no one cause for depression. Personality, personal relationships, physical health, and genetics are all factors. People who are highly self-critical, very demanding, or unusually passive may be prone to depression. Problems with a spouse, a child, or an employer can cause depression. Imbalances in the chemicals in the brain due to illness, infection, or medications can be a cause. Substance abuse can be a symptom of depression, but also a cause. And while depression cannot be inherited, it does seem to be more prevalent in some families.

▼ Treatment.

As with most illnesses, treatment is easiest and most effective when begun early. A combination of the following is often used:

- *Medication* is often used in cases of severe depression and can bring relief in three to four weeks.
- *Psychotherapy* in the forms of counseling, group sessions, and psychoanalysis are valuable tools in treating depression.
- *Electroconvulsive therapy*, or “shock therapy,” involves administering mild electrical shocks to the brain while a patient is under anesthesia.

▼ Prevention.

Depression cannot always be avoided, but because it is often related to stress and physical lems, it is possible to lessen the chances of becoming severely depressed. Here are some tips:

- Take time for a favorite activity as a way to relax and relieve stress.
- Get plenty of exercise to maintain a healthy body, to relieve tension, and to help get good night’s sleep.
- Don’t try to be Superman or Superwoman. Know your limitations and avoid stressful situations.
- Cultivate friendships to have someone to talk to who can provide support.
- Don’t be afraid of feelings. There’s nothing wrong with being mildly depressed. But you feel it is more than mild depression, don’t hesitate to see a physician.

▼ What else to do?

People with depression or any mental illness also face the stigma attached by society to these illnesses. This stigma causes discrimination against people with a mental illness in employment, housing, health care, and the ability to buy health insurance. By learning more about mental illness and the effectiveness of treatment, this discrimination can end, removing the stigma acts as a barrier to successful treatment.

▼ Suicide.

Severe depression sometimes leads to a suicide attempt. Suicide threats or attempts must taken seriously even if there is no intent to actually die. Warning signs include making out giving away personal possessions, saying goodbye or suicide preparations, such as buying a gun or stockpiling pills. If you become concerned that a depressed person may be thinking of suicide, **ASK THEM IMMEDIATELY.**

Here are ways to help:

- Give emotional support — Don’t challenge the person, by take him or her seriously and offer to help. Listen to what the person has to say. Try to explain that, with the problem can be overcome and that things can get better. Stay with the person help is available or until the crisis passes.
- Encourage positive action — Suggest steps the person can take to improve the situation. Help the person to stay busy, balancing both work and recreation. The recreation should include physical exercise that will help the person relax and sleep better get a change or pace or scenery to gain a new perspective.
- Seek professional help — This can be obtained from suicide prevention centers, cians and mental health professionals, members of the clergy, community mental health centers, or school counselors.

For more information, please contact the Missouri Department of Health, Division of Behavioral Health (DBH)

PO Box 687, 1706 East Elm, Jefferson City, MO 65101.

573-751-8017 www.dmh.mo.gov

ANXIETY DISORDERS

Everyone suffers from anxiety from time to time. Anxiety is a feeling of uneasiness, nervousness, fear or worry, by real or perceived threats to our safety or well-being, along with physical symptoms discussed later on. Acting as an important survival mechanism for humans and animals, the anxiety response alerts us to impending danger and prepares us, both physically and mentally, to protect ourselves. Many situations in daily life can lead to an anxiety response and may not require treatment. But when the symptoms of anxiety become persistent and severe enough to compromise quality of life or functioning, or if anxiety feelings and physical symptoms occur when there is no apparent danger, a person may require treatment for anxiety disorder.

▼ What are the types and symptoms of anxiety disorders?

There are seven types of anxiety disorders:

- **Agoraphobia** is the fear of being alone or in public places. People with this disorder fear that escape might be difficult from such places in case of sudden incapacitation. They avoid crowds, tunnels, bridges, and public transportation. Normal activities gradually decrease until the fears of avoidance behavior dominates a person's life.
- **Social Phobia** is a persistent irrational fear of and compelling desire to avoid situations in which a person might be humiliated or embarrassed. Social Phobia, which causes people to avoid social engagements, causes significant distress because the person often realizes that his or her fear is excessive and unreasonable.
- **Simple Phobia** is persistent or irrational fear of, and compelling desire to avoid a particular object or situation other than being alone. Phobic objects often include animals, and phobic situations frequently involve heights or closed spaces.
- **Panic Disorder** is a period of apprehension or fear in which a person feels some or all of the following symptoms during each attack: 1) difficulty in breathing (dyspnea), 2) palpitations, 3) chest pain or discomfort, 4) a choking or smothering sensation, 5) dizziness, vertigo, or unsteady feelings, 6) feelings of unreality, 7) tingling in hands or feet (paresthesias), 8) hot and cold flashes, 9) sweating, 10) faintness, 11) trembling or shaking, 12) fear of dying, going crazy, or doing something uncontrolled during an attack.
- **Generalized Anxiety Disorder** is a generalized, persistent anxiety resulting in symptoms from at least three of these four categories: 1) motor tension, i.e., shakiness, jitteriness, jumpiness, trembling, tension, muscle aches, fatigue, inability to relax, eyelid twitch, furrowed brow, strained face, fidgeting, restlessness, easy startle, 2) autonomic hyperactivity: sweating, heart pounding or racing, cold clammy hands, dry mouth, dizziness, light-headedness, (tingling in hands or feet), upset stomach, hot or cold spells, frequent urination, diarrhea, discomfort in the pit of the stomach, lump in the throat, flushing, pallor, high resting pulse and respiration rate, 3) apprehensive expectation: anxiety, worry, fear, rumination, and anticipation of misfortune to self or others, and 4) vigilance and scanning: resulting in distractibility, difficulty concentrating, insomnia, feeling "on edge," irritability, impatience.
- **Obsessive Compulsive Disorder** may be characterized by either obsessions or compulsions: *Obsessions* are recurrent, persistent ideas, thoughts, images or impulses that are not voluntarily produced, but thoughts that invade a person's consciousness and are experienced as senseless or repugnant. Attempts are made to ignore or suppress these thoughts. *Compulsions* are repetitive and seemingly purposeful behaviors that are performed according to certain rules or in a stereotyped fashion. The behavior is not an end in itself, but is designed to produce or prevent some future event or situation. However, the activity either is not connected in a realistic way with the event or may be clearly excessive. The behavior is performed with a sense of subjective compulsion coupled with a desire to resist, at least initially. The act does not produce a sense of pleasure, but rather a release of tension. The behavior is a significant source of distress to the person or interferes with social or role functioning.

▼ Who is affected?

An estimated 14.6% of Americans suffer from phobias, panic attacks, and obsessive-compulsive disorders. Seventy-five percent do not seek treatment. However, many visit their internists or family physicians with concerns about symptoms that may be caused by an anxiety disorder. Recent studies indicate that 20 percent of the ailments for which Americans seek a doctor's care are related to anxiety symptoms.

▼ What are the causes of anxiety?

Today there are many situations or stressors that can lead to prolonged anxiety responses - the demands of a stressful career, financial woes, divorce, and family problems. Over time, symptoms such as irritability, edginess, depressed mood and varied physical complaints may result. However, anxiety is not always the result of current or past stress, and is not always a "mental" or "emotional" problem. Persistent anxiety can produce a variety of emotional and physical symptoms.

▼ How are anxiety disorders treated?

Following diagnosis by a physician or other mental health professional treatment can be undertaken through a variety of medical approaches, including behavioral therapy, psychotherapy, medication or a combination. With appropriate medical treatment, sufferers of anxiety disorders can improve, recover and return to normal activities. Today physicians and other mental health professionals have a number of medications and therapies they can use to treat anxiety disorders. Research indicates that 90 percent of phobic and obsessive-compulsive patients will recover with behavioral therapy. Other studies show that while they are taking appropriate medications, 70 percent of those who suffer panic disorders improve. Medications also have been shown to be effective for about half of those with obsessive-compulsive disorder.

▼ What else can a person do?

After consulting with a physician and or other mental health professional, the recommendations may include dietary changes (reduction of caffeine intake), increase exercise, and a course of therapy. To find better ways of coping with pressures and circumstances that may have contributed, a person may join a support group or seek individual counseling with a qualified therapist. A person should recognize that there are not "overnight cures" for persistent anxiety and that many methods used work gradually to relieve anxiety, but these treatments are highly effective and well worth the wait. If there is no apparent improvement after a visit to a family physician or a mental health professional, help should be sought from a psychiatrist.

For further information on anxiety disorders, contact your community mental health center or one of the following agencies.

Missouri Institute of Mental Health in St. Louis – (314) 644-8838

Missouri Department of Mental Health – (800) 364-9897

Missouri Coalition of Alliances for the Mentally Ill – (314) 634-7727 or (800) 374-2138

Sources:

Profiles of Persistent Anxiety, Mead Johnson Pharmaceuticals, Bristol Laboratories 1992;

Anxiety and It's Disorders: The Nature and Treatment of Anxiety and Panic by David H. Barlow; and
Panic-Phobic Disorders Clinic and Depression Clinic, K.P.S. Kamath, MD

CHILDHOOD MENTAL ILLNESSES

Childhood is usually thought of as a happy, carefree time in life, but for more than seven million children in the United States, that happiness can be elusive because of mental illness.

Left untreated, mental illnesses in children and adolescents too often lead to tragic results. Because they occur at a crucial point in a young person's physical and social development, mental illnesses may cause delays in development that lead to further problems in adulthood. For many adolescents with a mental illness, the burden is overwhelming. Among adolescents ages 15 to 19, suicide is the second-leading cause of death.

Mental illnesses in children and adolescents can be successfully treated, but the key is early detection and access to adequate mental health services. Unfortunately, only one in five children with a mental illness actually receives needed services.

▼ Types of Mental Illnesses in Children and Their Causes

Children and adolescents are susceptible to the same mental illnesses that afflict adults. In fact, many of the symptoms of adult mental illness appear before age 20. Young people are especially at risk of depression, obsessive-compulsive behaviors, phobias, and substance abuse. Some mental illnesses, such as depression, can occur in young children too young to effectively communicate their pain.

Another form of mental illness that appears in childhood or adolescence are severe emotional disorders or behavior disorders. As many as one in five Missouri children may have an emotional or behavior disorder, ranging from barely noticeable to disruptive to their education, development, and family life.

The causes of mental illness are varied, but most are caused by imbalances in the brain's chemistry, by a head injury, or by emotional trauma. Some mental illnesses are more prevalent in some families, suggesting a hereditary link.

Mental illnesses are not a sign of weak character, immorality, or a punishment for sins. They cannot be willed away and children or adolescents cannot "outgrow" them.

▼ Warning Signs

Parents and educators are the most likely to detect a mental illness or emotional disorder because of their constant contact with a child. Some of the warning signs are:

- a drop in school performance
- unwarranted worry or anxiety
- an inability to cope with day-to-day problems
- changes in sleeping or eating habits
- aggression toward others
- an excessive fear of getting fat, of not being liked, etc., beyond the normal adolescent anxieties, in other words, a fear that causes them to act irrational or in a dangerous manner.

▼ Diagnosis and Treatment

The first step is to determine what is causing a youngster's unusual behavior. There are many possible causes, including physical problems. If the cause is determined to be a mental illness or disorder, treatment may range from counseling to medication. In most cases, treatment can be done on an outpatient basis in the child's own community. In rare cases, hospitalization may be necessary. Treatment also may include counseling for parents and family.

Fortunately, treatment from both private providers and the state's mental health system are available. Consult a family physician for a referral to a mental health provider or contact the Missouri Department of Mental Health's Division of Comprehensive Psychiatric Services at (800) 364-9687. The call is toll free.

The state's mental health system provides services regardless of ability to pay or the amount of insurance coverage available. Charges for the state's services are based on ability to pay.

▼ Further Help

Families of children with possible mental illnesses or emotional disorders do not have to face the problem alone. A number of support groups and parent networks are available in Missouri. To learn more call the Department of Mental Health at (800) 364-9687.

For more information, please contact the Missouri Department of Health, Division of Behavioral Health (DBH)

PO Box 687, 1706 East Elm, Jefferson City, MO 65101.

573-751-8017 www.dmh.mo.gov

WARNING SIGNS OF SUICIDE

The behaviors listed below may be some of the signs that someone is thinking about suicide.

TALKING ABOUT:



- ▷ Wanting to die
- ▷ Great guilt or shame
- ▷ Being a burden to others

FEELING:



- ▷ Empty, hopeless, trapped, or having no reason to live
- ▷ Extremely sad, more anxious, agitated, or full of rage
- ▷ Unbearable emotional or physical pain

CHANGING BEHAVIOR, SUCH AS:



- ▷ Making a plan or researching ways to die
- ▷ Taking dangerous risks such as driving extremely fast
- ▷ Withdrawing from friends, saying goodbye, giving away important items, or making a will
- ▷ Displaying extreme mood swings
- ▷ Eating or sleeping more or less
- ▷ Using drugs or alcohol more often

If these warning signs apply to you or someone you know, get help as soon as possible, particularly if the behavior is new or has increased recently.

988 Suicide & Crisis Lifeline
Call or text 988
Chat at 988lifeline.org

Crisis Text Line
Text "HELLO" to 741741



www.nimh.nih.gov/suicideprevention

NIMH Identifier No. OM 22-4316