Understanding mental health disorders pdf



UNDERSTANDING

 Loss of interest • Tiredness and chronic low energy Difficulty thinking clearly, concentrating, making decisions o remembering • Feelings of worthlessness and gui Irritability, frustration or anger • Restlessness and agitation • Sleep disturbances Change of appetite • Recurrent thoughts of death or suicide

🛹 rtor.org

Sadness, loneliness, or emptines

6-ITEM Kutcher Adolescent Depression Scale: KADS-6, © Dr Stan Kutcher, 2006 Concyr aegowy pasaw (Jega+ Creae-cewh ys goaecny ayropa

1. нерасположи се бавим нечим П се одвини нечини. О – Готово никада 1 – Већи део 2 – Највећи део 3 – Све време времена времена 2. осећања безвредности, безнадежности, разочаравања људи, да нисам добра особа. 0 – Готово никада 1 – Већи део 2 – Највећи део 3 – Све време времена времена времена времена времена времена времена времена а состатак енергије, тешко со мотивисати, склом радити ствари, потреба за одмором или лежањем. 0 – Готово никада 1 – Већи део 2 – Највећи део 3 – Све време времена времена 4. осећање да живот није баш интересантан, не осећати се добро онда када би то требало (пре болести), не уживати у забавним стварима као обично (пре болести). 0 – Готово никада 1 – Већи део 2 – Најзећи део 3 – Све време времена времена 5. осећање забринутости, нервозе, панике, тензије, узбуђења, анксиозности. 0 0 0 0 – Готово никада 1 – Већи део 2 – Највећи део 3 – Све време времена времена 6. мисли, планови или акције о самоубиству или самоповређивању. 0 – Готово никада 1 – Већи део 2 – Највећи део 3 – Све време времена времена

Кучерова скала депресије за адолесценте: КАДС-6 Име и презиме_____, године_____ ТОКОМ ПРОШЛЕ НЕДЕЉЕ, КАКАВ/А СИ У ПРОСЕКУ ИЛИ ОБИЧНО БИО/ЛА ОКО НАВЕДЕНИХ СТВАРИ: (стави X у кућицу испод сваке реченице)

	Reaction to stranger	Reaction to separation from mother	Reaction to reunion with mother
Secure attachment (Type B)	Child is indifferent to the stranger when mother is present, but when alone will ignore the stranger (stranger fear)	Becomes upset and distressed when the mother leaves, will usually cry and cannot be consoled by stranger	Happy when reunited at both reunion stages and is quickly calmed down when the mother returns, so can continue exploring
Anxious-avoidant attachment (Type A), also called insecure- avoidant	Child plays with the stranger regardless of mother's presence, and doesn't check for the mother's presence	Is not distressed by the mother's absence, and can seek comfort from the stranger	Shows no interest in the mother's return (was not distressed by their departure either)
Anxious-resistant attachment (Type C), also called insecure- ambivalent	Child shows fear of stranger and avoid them whether or not the mother is present	Severe reaction to the mother's absence, clearly distressed	Child will want the mother's comfort but may push her away when approached



A Comprehensive Guide to Mental Health **Disorders for Family and Friends**



Carlin Barnes, MD and Marketa Wills, MD, MBA



National Children's Mental Health Awareness Day 2017

Thursday, May 4, 2017 – All Day

Wear green to show your support for **Children's Mental Health Awareness!**



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Understanding Mental Disorders: Your Guide to DSM-5(R) is a consumer guide for anyone who has been touched by mental illness. Most of us know someone who suffers from a mental illness. This book helps those who may be struggling with mental health problems, as well as those who want to help others achieve mental health and wellbeing Based on the latest, fifth edition of the Diagnostic and Statistical Manual of Mental Disorders--known as DSM-5(R)--Understanding Mental Disorders include depression, schizophrenia, ADHD, autism spectrum disorder, posttraumatic stress disorder, and bipolar disorder, among others. The common language for diagnosing mental illness used in DSM-5(R) for mental health professionals has been adapted into clear, concise descriptions of disorders for nonexperts. In addition to specific symptoms for each disorder, readers will find: - Risk factors and warning signs- Related disorders- Ways to cope- Tips to promote mental health- Personal stories- Key points about the disorders and treatment options- A special chapter dedicated to treatment essentials and ways to get help - Helpful resources that include a glossary, list of medications and support groups "Skillfully crafted, thoughtful, and expertly written, this book allows the reader to easily comprehend the complex associated with mental health disorders. Through practical examples and detailed descriptions, each of us will see ourselves or someone we know compassionately described within the pages of this book." —Sheryl Denise Jones, MD, corporate medical director; board certified adult, child, and adolescent psychiatrist "With approximately one third of all people worldwide suffering from a psychiatric illness in their lifetime, essentially everyone is a friend or family member. This book is a wonderful reference for every compassionate loved one who wishes to have a framework or foundation of information to be of help. Dr.'s Barnes and Wills are exceptional experts in psychiatry who draw on their profound knowledge base to connect with each reader in the community, by using language and concepts that are readily understandable and by sharing their own compelling personal life stories." —Scott L. Rauch, MD, President, Psychiatrist-in-Chief and Chair of Psychiatry, McLean Hospital "This is a very comprehensive and educational book about mental health from a practical and relateable point of view." —Napoleon Higgins, MD, practicing psychiatrist, President of Bay Pointe Behavioral Health Service, Inc. "Dr. Carlin Barnes and Dr. Marketa Wills have delivered a well needed resource! This book will help family and friends who struggle with loved ones suffering from mental illness. They have managed to take extremely complicated psychological concepts and deliver them in ways anyone can understand. This book is a real step forward in explaining how many people we care about can suffer from life-altering mental illnesses. It allows us to better understand and support the people we care about, but who struggle with mental illness." —Thomas Kerrihard, MD, practicing psychiatrist Carlin Barnes, MD, is a board certified psychiatrist and behavioral

health medical director at a Fortune 500 managed care company. For the past eighteen years, she has practiced child, adolescent, and adult psychiatry—she has a thriving, diverse, boutique private practiced with patient clientele ranging from working adults to urban children and adolescents. She trained in the specialty of psychiatry at programs affiliated with both Harvard University and Emory University Schools of Medicine and attended Texas A&M University College of Medicine, where she received a Doctor of Medicine, where she received a Doctor of Medicine, where she received a Doctor of Medicine degree. Dr. Barnes is a member of several professional organizations including the National Medical Association, the Black Psychiatrists of America, and the American Academy of Child & Adolescent Psychiatry. She is originally from Hillside, New Jersey, and currently resides in Houston, Texas, where she lives with her son. Marketa Wills, MD, is a board-certified psychiatrist with a master's in business administration from the Wharton School of Business and serves as a physician executive at a Fortune 500 health insurance company. She has cared for severely mentally ill patients in inpatient, and emergency room clinical settings. As treatment team leader and medical director, she effectively collaborated with other mental health professionals to ensure that patients with a variety of ailments—ranging from schizophrenia to postpartum depression to substance abuse—were able to live as productively as possible. Dr. Wills earned her medical degree from the University of Pennsylvania School of Medicine, and completed a residency in adult psychiatry at Harvard's Massachusetts General Hospital/McLean Hosp received numerous accolades and awards highlighting her clinical and community achievements. Originally from Dayton, Ohio, she currently resides in sunny Tampa, Florida. Her passions include travel, community service and the arts. Many of our families have someone—a brother, a sister, an aunt, an uncle, a cousin—who seems to behave a little differently from everyone else. Maybe they always seem to be saying the wrong time, embarrassing you in front of other family members or friends. Maybe they all too often seem despondent, sad, and withdrawn, unable to cope with everyday life. If a child, their constant hyperactivity makes them a real handful to deal with and interferes with everyday activities at school and home. What may someone suffering from a mental illness look like? They may be engaging in very impulsive, risky, or dangerous acts. There may be an addiction to drugs or alcohol. These are just a few examples. The list of possible behaviors and symptoms is unfortunately long. There are myriad ways in which individuals with mental illnesses, diagnosed or not, can affect those who love and care for them. And there are just as many ways in which we can react to their behaviors. We can call them guirky or odd and leave it at that. We can place blame or be judgmental. We can run ourselves ragged trying to find a "cure" for what ails them or making excuses for their behaviors. Oftentimes we take the path of least resistance—we simply ignore the problem and hope that it goes away. This is a route frequently taken due to the stigma of mental illness in our society. Many would rather let their loved ones go untreated than admit they might have a mental illness. But where does this get them in the end? People with untreated mental illnesses make up one third of the nation's homeless population and 16 percent of inmates in our jails and prisons. They are more likely to be victimized—robbed, raped, even murdered—and the crimes against them largely go unreported, because who would believe them anyway? On the other hand, a Department of Justice study found that 4.3 percent of homicides were committed by people with histories of untreated mental illness, and a MacArthur Foundation study found that individuals with mental illness committed twice as many violent acts just prior to being admitted to hospitals and during periods when they were unmedicated. Posthospitalization, the study showed that rate dropped by 50 percent. Still, up to 54 percent of individuals with serious mental illnesses receive no treatment; of those who do receive treatm the big picture? The longer a person with a mental illness goes untreated, the less able they may be to achieve any sort of long-term recovery. Study after study has shown that the longer one waits to begin treatment, the greater the severity of the mental illness becomes, and the more difficult it becomes to combat. Conversely, early treatment consistently leads to much more positive outcomes. These statistics and facts paint a bleak picture—but this is where you come in. Knowledge is power. Being aware and informed is the first step in helping a loved one or family member get the proper treatment they need to begin the road to recovery and emotional wellness. Armed with the knowledge of clear and factual information, you will be able to begin the process of helping your loved one. Change will not happen overnight; recovery is a process that is a different journey for each person. The most important thing is that you all hang in there—that you all hang in there. good and the bad, no matter what the outcome. Our goal is that this book will give you the reassurance and information you need to do just that. Mental health disorders manifest in different ways and impact individuals in unique ways; thus, it is impossible to exhaustively list the various signs and symptoms. With that said, there are some common signs to possible mental health disorders—all-important to watch out for. Illogical thinking Nervousness or high anxiety Apathy or loss of drive Decline in functioning at school, work, etc. Major or erratic shifts in mood Withdrawal from interests, relationships or social responsibilities. Problems thinking clearly or cogently Mental Illnesses Commonly Treated at WestBridge provides integrated dual diagnosis programs for a range of these mental health disorders, a partial list of which includes each of the following: To have clinical depression is not the same thing as feeling sad, melancholy or blue. While sadness usually has its roots in something specific—like a sense of loss—depression is a mood disorder that can be ongoing and may seem without external cause; it can lead to lethargy, aimlessness and in some cases even suicidal ideation. Bipolar disorder, also referred to as manic-depressive disorder, refers to a disruptive brain disorder that prompts unpredictable shifts in mood, energy levels and even everyday functioning. Bipolar disorder can exacerbate the normal highs and lows of life, and make it difficult to cope with even minor setbacks. The feeling of anxiety is a normal and even healthy part of daily living, but an anxiety disorder can cause something more than temporary worry or fear; it can be long lasting, and it can worsen over time, interfering with daily activities and responsibilities. Post Traumatic Stress Disorder (PTSD) is a condition that occurs in people who have lived through scary, dangerous or traumatic events. It is commonly associated with military veterans and those who have experienced abuse, though a range of other occurrences can cause it. Those with PTSD may feel anxious even when they are not in any kind of danger, and can sometimes experience "flashbacks," or intrusive memories of past trauma. Individuals experiencing symptoms of schizophrenia may have a difficult time distinguishing between what is real and what may be a hallucination or delusion. This is a serious condition that can impair thinking, actions and daily living. Contrary to the common misconception, this condition is not the same as "split personalities" and is seldom dangerous, though it is always serious. Obsessive Compulsive Disorder is an anxiety disorder that is characterized by obsessions (persistent thoughts about something the individual fears) and compulsions (ritualistic behaviors that the person engages in to seek relief from what he fears). An individual with OCD may find that it takes a great deal of time even to complete basic, everyday tasks. Mental Health Disorders Statistics Something that might surprise you about mental health disorders, with many more diagnosed every single day. Consider some of these statistics: Roughly, one in five adults suffers with some sort of a mental health disorder. About one in 25 adults has a mental health disorder that impairs his or her involvement with everyday activities. 1.1 percent of U.S. adults have some sort of an anxiety disorder, including PTSD. Mental health disorders are obviously endemic to American life and health-but the good news is that treatment and recovery are possible. The important thing is to seek clinical care as soon as possible

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