

A Family Guide to Mental Health:
What You Need to Know





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The National Alliance on Mental Illness (NAMI) is the nation's largest grassroots mental health organization dedicated to improving the lives of individuals and families affected by mental illness. NAMI has over 1,100 affiliates in communities across the country who engage in advocacy, research, support and education. Members of NAMI are families, friends and people living with mental illnesses such as major depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder (OCD), panic disorder, posttraumatic stress disorder (PTSD) and borderline personality disorder.

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Have you thought about mental health as part of your overall health?

When we think about our health, most of us think of physical health and tend to forget about our mental well-being. This is understandable given the lack of information we often have about mental health and how easy it can be to confuse mental illness with bad behavior or passing moods, due to stress or lack of sleep, for example. However, we cannot afford to ignore mental health as it is part of our overall health and, just like our heart or lungs, our brain can also get sick. African American families, like all families in this country, know the reality of mental illness. Unfortunately, lack of information and stigma has kept us from seeking help for illnesses that will affect one of four adults will experience a mental health disorder in a given year.

On the following pages, you will find the stories of people whose lives have been affected by mental illness. Their stories aim to equip you with the information needed to understand these illnesses and recognize their signs and symptoms.

Mental illness is a medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning. Not recognizing this illness for what it is can lead to substance abuse, ruined relationships, broken homes and even incarceration. Mental illness is not caused by weakness of character, bad upbringing, demon possession or lack of faith. It is a serious biological condition of the brain that, fortunately, can be treated.

With an accurate diagnosis, effective medication, psychotherapy, attention to health and wellness and peer and family support, most people living with mental illness can obtain relief from their symptoms and lead satisfying and meaningful lives. Recovery *is* possible!

You are not alone. We are here to help. Contact NAMI.

“Hi, my name is Latonya.

Last week, for the first time in a long time, I was able to sit and have a decent conversation with my husband, Caleb. It makes me nervous not knowing what to expect from him. It’s a long story, and I really don’t know where to begin.

“Caleb was sharp, fine as wine and all the girls around the neighborhood wanted to be with him. Then, a few years ago, he started acting real funny; one minute he was the life of the party, the next minute it was hard to get him to speak at all. He worked two jobs and I remember him saying once, ‘Baby, I’ll work three jobs and a part-time gig to have the things we need.’ I believed him, too.

“Then there were times when I just didn’t know who he was. He would get angry over nothing, and everything got on his nerves. He

started missing work and he just wanted to sit around on the couch—not even shaving or nothing. We both thought that he had just been working too hard. I tried to help by fixing his favorite meal. It didn’t work.

“Then there were times when I just didn’t know who he was. He would get angry over nothing and everything got on his nerves.”

“I was about to go crazy. We had begun to fight more and more, but then all of a sudden, he seemed to be his old self again. A month later he was back on that couch. He began drinking more, and God knows what else he was doing. I know that Caleb is true to me and me only, but I just can’t stay around not knowing which of his many moods I will be dealing with each day. It has been almost a year now. He can’t hold a steady job and I believe that he is feeling sorry for himself. I’m telling you, if he can’t get his life together, it’s over—I just can’t take this anymore! Caleb is 29 now and that darling lover man of 19 who I knew before we got married seems like someone from another lifetime.”

What behavior do you see that indicates a problem?

Periods of . . .

- euphoria, feeling “high”
- agitation, edginess, irritability, restlessness
- racing thoughts, nonstop talking
- increased energy, sleeplessness
- inflated self-esteem, poor judgment
- reckless spending sprees, and/or other activities with high potential for painful consequences

followed by periods of . . .

- sadness and hopelessness
- excessive feelings of guilt and worthlessness
- difficulty concentrating or making decisions
- loss of self-esteem
- drug or alcohol use
- suicidal thoughts, plans or attempts

Extreme mood swings like those described here are indicators of an illness known as **bipolar disorder**.

People diagnosed with bipolar disorder experience alternating episodes of mania (severe highs), depression (severe lows) and mixed states (containing elements of both high and low experiences).

The life of someone who lives with bipolar disorder is characterized by an irregular pattern of changes in mood, energy and thinking. These changes may be subtle or dramatic and often vary greatly over the course of a person’s life.

Bipolar disorder is highly treatable. Most people living with bipolar disorder can achieve recovery with a personalized treatment plan. Maintenance treatment with a mood stabilizer medication is known to substantially reduce the number and severity of episodes for most people. Psychosocial therapies and psychoeducation, in addition, can help people better understand their illness and cope with stresses that can trigger episodes.

“My name is Tommy, and I just got chilling news from my Mom—‘your sister has gotten worse, a lot worse.’ I asked, ‘What on earth is going on now?’ Then she yells, ‘Stop that, Tammy! Do you want to set the whole place on fire?’ Then she said, ‘I’ve got to go,’ and just hung up.

“I couldn’t even get to sleep last night. This morning I asked my boss if I could have a few days off because it was absolutely necessary for me to get back home. I still dread going home, because every time I do, I come away feeling more anxious and confused than when I arrived. My sister Tammy is a brilliant artist. I believe her paintings could sell for a lot of money; she just needs the right breaks. But in the past few years, what I consider to be frustration on her part has become almost unimaginable. In a fit of rage, she went into a department store over on State Street and trashed the mannequins in the display window. Not long after that, she refused to come out of her room for days. Mom tells me that she hears Tammy talking to someone in her room, with the door locked, when there is nobody in there but her. Sometimes she paces the floor all night, peeping through the blinds, as if looking for someone.

“I am beginning to think that my sister is losing her mind. Tammy is such a proud and private person. I’m confused and afraid, not just for Tammy, but for myself as well.

“I heard on one of those afternoon talk shows that stuff like this can run in a family. What if it should start happening to me? What about Tammy? The last time she went off the deep end like this, my Mom threatened to have her put away. I pray that things will be all right when I get there and that Tammy is just going through another one of those fits that artists go through.”

“Mom tells me that she hears Tammy talking to someone in her room, with the door locked, when there is nobody in there but her.”

What behavior do you see that indicates a problem?

- Hearing, seeing or smelling things that are not there
- Inability to think clearly or make rational decisions
- Inability to distinguish reality from fantasy
- Inappropriate emotional reactions, for example, crying at a joke
- Inability to keep a job or build healthy relationships
- Disordered thought and speech, for example, shifting from one thought to another with no obvious connection, making up words or using sounds and/or rhymes in place of words

These symptoms are typical of an illness called **schizophrenia**.

Schizophrenia is a mental illness that interferes with a person’s ability to think clearly, manage emotions, make decisions and relate to others.

The first signs of schizophrenia usually emerge in the teenage years or early twenties. Schizophrenia is not caused by bad parenting or personal weakness, and it is not demon possession. A person with schizophrenia does not have a “split personality,” and almost no one with schizophrenia is dangerous or violent towards others when receiving treatment.

Though there is no cure for schizophrenia, the symptoms can usually be treated with medication.

The primary medications used for the treatment of schizophrenia are called “antipsychotics.” People living with schizophrenia who stop taking prescribed medication are at high risk of relapsing into an acute psychotic episode. Research shows that people living with schizophrenia who attend structured psychosocial rehabilitation programs and continue their medical treatment manage their illness best. However, hospitalization is sometimes necessary to treat acute symptoms such as severe delusions or hallucinations, suicidal thinking, severe drug or alcohol problems and/or the inability to care for oneself.

“I’m Serita, and I am devastated. My dad just died from suicide. This is such a shock for us. He had not been himself since the diabetes started taking hold of him. It’s been four years since the amputation of his left leg below the knee. The doctors did say that he would go through bouts of the blues from time to time, but we never expected this.

“He used to be so outgoing and all—one of those strong, committed deacons of the church. He and Mom loved to get together with other couples for their weekly card games, but suddenly he stopped doing that. I miss my dad getting all worked up at those card games, when he would yell out ‘high, low, two jacks and five up.’

“I thought he was just getting old and starting to slow down. I was worried about him. A week before he died, he gave away his fishing boat to Charlie down the street. He really loved hunting and fishing, but I just thought he had no

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further use for the boat since he hadn’t been fishing in years.

“Four days ago, for no apparent reason, he began cleaning out his closet—throwing away a lot of his old clothes and bagging other stuff for Goodwill. Later on that day, he asked if I would come by and pick up a letter he had written to his sister Beverly. They hadn’t spoken in a month. I thought he was starting to break through the slump that he had been in for so long. I was a little puzzled, though, since his sister just lives over in Hamblen County and I could have driven him over. And better yet, why didn’t he just pick up the phone and call her?

“Next week he would have been 75. Now I see that some of the strange behavior was his way of preparing for his ‘departure.’ What I interpreted as odd behavior due to his old age was actually a sign of something so much worse. I miss him already.”

What behavior do you see that indicates a problem?

- Difficulty falling asleep or sleeping excessively
- Decreased or increased appetite
- Impaired concentration and decision-making
- Loss of energy; inability to perform daily routines
- Loss of interest; loss of capacity to experience pleasure
- Low self-esteem; thoughts of loss or failure, guilt and negativity
- Feelings of hopelessness; believing that nothing will ever improve
- Anxiety or irritability
- Unexplainable body aches or pains
- Thoughts of suicide

These symptoms are indicators of **major depression**. Major depression is a mood state that goes far beyond temporarily feeling sad or blue. **It is a serious medical illness that affects one’s thoughts, feelings, behaviors, moods and physical health.** Depression is the most common mental illness. Unlike normal emotional experiences of sadness or loss, major depression is persistent and can significantly interfere with all aspects of an individual’s life. Among *all* medical illnesses, major depression is the leading cause of disability in the United States. Major depression can occur at any age, including childhood, teenage years and adulthood.

There are three basic types of treatment for depression:

medication, psychotherapy and electroconvulsive therapy (ECT). Treatments may be used singly or in combination. Most people respond to treatment with antidepressants, and those with recurring depression may need to continue medication treatment to prevent further episodes. Research confirms that best practice treatment for people diagnosed with major depression consists of a combination approach that includes both medication and psychotherapy. However, in cases when medication, psychotherapy and even a combination of the two prove ineffective, ECT may be considered. Transcranial Magnetic Stimulation (TMS) is an option for treatment-resistant depression, and the medical field is engaging more research on this intervention.

**Mental illnesses are treatable medical conditions.
Recovery is possible.**

“I am an individual who was diagnosed with bipolar disorder, post-traumatic stress disorder and major depression at a very early age. It hasn’t been easy dealing with these experiences, but I am trying to live one day at a time with support from God and my network of family and friends.”

MARIAN BACON, NAMI IN OUR OWN VOICE PRESENTER

“Intimate relationships with family members and friends are so wonderful to experience. Feeling connected is the most wonderful feeling of all; when despair gives way to hope, that’s what recovery means to me.”

CLARENCE JORDAN, NAMI NATIONAL BOARD OF DIRECTORS

“Recovery from mental illness is the process where one begins to believe a fulfilling life is possible in spite of the medications, therapists and doctors—just giving life one more chance.”

JUNE BUTLER, NAMI PEER TO PEER MENTOR

Mental illnesses are treatable! Recovery is possible for people affected by these illnesses. Keep in mind that recovery is sometimes a lengthy process, beginning with diagnosis and eventually moving toward management of the illness. Successful recovery involves learning about the illness and the treatments available, empowering yourself through the support of peers and family members and eventually moving to a point where you can take action and help others.

Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individualized treatment plan. In addition to medication treatment, peer support groups, education programs, psychosocial treatments, such as interpersonal therapy and/or cognitive-behavioral therapy and other community services can also be integral components of a successful treatment plan, each essential to recovery.

Control is in your hands. Keep trying until you find the answers you need!

If you think you or a loved one may have one of these illnesses, look for help. Seek answers to the questions you have and seek treatment as soon as possible. The important thing is not to give up. Mental illnesses are treatable, but left untreated, they are among the most disabling and destructive illnesses known.

Talk with family members openly; they, too, may have seen things that were out of the ordinary. The person having problems may not even be aware that his or her symptoms are cause for alarm. There also may be related medical or physical causes for the behaviors displayed, so it is important to have the person seen by a health care professional as soon as possible.

Do not be afraid to speak with the doctor concerning the things you have observed. It helps when you explain to your health care professional all of the reasons for your concern.

Remain open to suggestions, even when they may conflict with your own personal beliefs.

While it is easiest to see the world from only our perspective, it is important to value the opinions of others. Ask yourself, “Is it possible that I may have missed something?”

It is always helpful to share your concerns with the individual affected, in as caring a manner as possible. It is important not to throw accusations or make the person feel under attack.

Contact a mental health professional to get a diagnosis and treatment. Get in touch with organizations like NAMI who can provide information, guidance and support for you and your loved one.



Ready for the next step?

NAMI is the largest grassroots organization in the nation dedicated to improving the lives of individuals and families affected by mental illness. The four pillars of NAMI's mission—support, education, advocacy and research—are carried out by thousands of NAMI members who serve in their communities as support group leaders, family and consumer contacts, teachers and advocates. Connecting with this powerful grassroots know-how will greatly reduce the doubt, isolation and shame individuals and families often feel.

To learn more about NAMI or find a local affiliate in your community:

Call your state's NAMI office. Contact information for NAMI in your state can be found at www.nami.org.

Write to:

NAMI, 3803 N. Fairfax Dr.,
Arlington, VA 22203

Contact the NAMI Information HelpLine at 1 (800) 950-NAMI (6264)

Visit NAMI's Web site at www.nami.org. Updated daily, NAMI's Web site features the latest information on mental illness, medication and treatment and resources for support and advocacy. Other features include online discussion groups and **myNAMI**, which enables you to receive customized information and updates via e-mail.

Many NAMI affiliates offer an array of *free* programs designed to assist individuals and families affected by mental illness, including:

Peer-to-Peer, a free NAMI learning program taught by a team of three trained “mentors” who have personally experienced living well with mental illness. Participants come away from the course with many resources, including a “relapse prevention plan” and survival skills for working with providers and the general public.

Family-to-Family, another free NAMI education program, is a free 12-week course for family caregivers of individuals with serious mental illness. The course is taught by trained family members and focuses on schizophrenia, bipolar disorder, major depression, panic disorder, borderline personality disorder, posttraumatic stress disorder and obsessive-compulsive disorder.

In Our Own Voice is a public education presentation. It enriches the audience's understanding of how the over 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 to a variety of audiences free of charge.

NAMI Connection is a recovery support group for adults with mental illness regardless of their diagnosis. Every group is offered free of charge and meets weekly for 90 minutes. The groups are led by trained individuals who are in recovery.

NAMI Basics a six-week, peer education course taught by trained NAMI members. The curriculum is designed for parents and caregivers of children and adolescents with mental illness.



Other Information Resources:

Knowledge Exchange Network (KEN)

1 (800) 789-2647 • www.mentalhealth.org

The KEN site can help you locate mental health services in your area; the phone is answered by people who can answer your questions about mental health.

National Hopeline Network

1 (800) SUICIDE (784-2433)

If you or someone you know is in immediate danger of committing suicide, call 911 now. If you are not in immediate danger of committing suicide, but need to talk with someone about your suicidal thoughts, call 1-800-SUICIDE (784-2433).

National Institute for Mental Health (NIMH)

1 (800) 421-4211 • www.nimh.nih.gov

Provides excellent information on mental illnesses.

National Organization for People of Color Against Suicide

www.nopcas.com

NOPCAS was formed to stop the tragic epidemic of suicide in minority communities. The organization is developing innovative strategies to address this urgent national problem.

Your Faith Community

Churches serve many people as helping resources. Guidance and support from a pastor is different from the help received in formal mental health services, and recent research shows that collaboration between the two may accomplish more. Sometimes, lack of awareness and stigma about mental illness may result in lack of understanding and support from the church. Prepare yourself to experience this, so you do not become discouraged.

Books

72 Hour Hold (2005) by Bebe Moore Campbell

Bipolar Disorder: A Guide for Patients and Families (1999)
by Francis Mondimore, M.D.

Helping Someone with Mental Illness: A Compassionate Guide for Family, Friends and Caregivers (1998) by Rosalynn Carter

Lay My Burden Down: Suicide and Mental Health Crisis among African Americans (2000) by Alvin Poussaint, M.D., and Amy Alexander

Mental Health in Black America (1996) edited by Harold Neighbors and James Jackson

Overcoming Depression: The Definitive Resource for Patients and Families Who Live with Depression and Manic-Depression, 3rd ed., rev. (1997) by Demetri Papolos, M.D., and Janice Papolos

Saving Our Last Nerve: The Black Woman's Path to Mental Health (2002) by Marilyn Martin, M.D.

Soothe Your Nerves: The Black Woman's Guide to Understanding and Overcoming Anxiety, Panic and Fear (2003) by Angela Neal-Barnett

Standing in the Shadows: Understanding and Overcoming Depression in Black Men (2004)
by John Head





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