

(delusions); confused or jumbled thoughts; loss of drive; blunted emotions. If someone has these symptoms he or she might also become confused and withdrawn.

PERSONALITY DISORDERS

Generally speaking, personality doesn't change very much. Yet it does develop as people go through different experiences in life and as their circumstances change. Someone with a personality disorder is likely to find it more difficult to change patterns of thinking, feeling and behaving, and will have a more limited range of emotions, attitudes and behaviors with which to cope with everyday life.

Information adapted from www.mind.org.uk, "Understanding Mental Illness," and Mental Health First Aid USA course book.

WHERE TO GET MORE INFORMATION AND ASSISTANCE:

Key Local Mental Health Resources in Pima County, AZ:

- National Alliance on Mental Illness (NAMI of Southern Arizona), 520-622-5582
- Crisis Response Network, 520-622-6000
- Community Partnership of Southern Arizona--Mental Health First Aid course and behavioral health system information: 520-318-6946 (main line); 866-318-6960 (for TTY Telecommunications Device for the deaf)

More resources available at www.icstucson.org:

- Mental Health Resources for Faith Communities
- Pocket Guide – Mental Health & Substance Abuse Services, Pima Co. 2012
- Resources from the April 27, 2012 Mental Illness Conference in Tucson

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Mental Illness - Overview of the Most Prevalent Diagnoses

There are many types of illnesses that affect the brain. Some of these include anxiety disorders, addictions, obsessive-compulsive disorder (OCD), postpartum depression (PPD), post-traumatic stress disorder (PTSD), eating disorders, major depression, bipolar disorder, and schizophrenia. Following is a brief description of the most common diagnoses in the United States in order of prevalence. For more detailed information, check the websites listed at the end of this brochure.

ANXIETY DISORDERS

Anxiety can mean constant and unrealistic worry about any aspect of daily life. It may cause restlessness, sleeping problems and possibly physical symptoms like increased heartbeat, stomach upset, muscle tension or feeling shaky. If someone is highly anxious, he or she may also develop related problems, such as panic attacks, a phobia or obsessive compulsive disorder.

The following are examples of anxiety disorders:

Obsessive-Compulsive Disorder (OCD) has two main parts: obsessions and compulsions. Obsessions are unwelcome thoughts, ideas or urges that repeatedly appear in one's mind; for example, thinking that one has been contaminated by dirt and germs, or worrying that one hasn't turned off the oven. Compulsions are repetitive activities that someone feels he or she must do. This could be something like repeatedly checking a door to make sure it is locked or washing one's hands a set number of times.

Phobias. A fear becomes a phobia when someone has an exaggerated or unrealistic sense of danger about a situation or object. A person will often begin to organize his or her life around avoiding the very thing that is feared. The symptoms of phobias are similar to anxiety, and in severe forms a person might experience panic attacks.

General Anxiety Disorder (GAD). GAD is characterized by overwhelming, unfounded anxiety and worry, accompanied by multiple symptoms of tension and anxiety for more days than not for at least 6 months. People with GAD worry excessively about money, health, family, work, even when there are no signs of trouble.

Panic Disorder. A panic attack is a sudden onset of intense apprehension, fear or terror. The attacks begin suddenly and develop rapidly. This intense fear is inappropriate for the circumstances. Other symptoms can include racing heart, sweating, shortness of breath, chest pain, dizziness, fear of losing control and feeling detached from oneself. A person who experiences a panic attack often fears having another attack and may avoid places where attacks have occurred. Someone with a panic disorder has recurring panic attacks and, for at least 1 month, persistently worries about possible future panic attacks. Having a panic attack doesn't necessarily mean that a person will develop a panic disorder.

DEPRESSION AND OTHER MOOD DISORDERS

Depression lowers a person's mood, and can make one feel hopeless, worthless, unmotivated and exhausted. It can affect sleep, appetite, libido and self-esteem. It can interfere with daily activities and, sometimes, physical health. This may set off a vicious cycle, because the worse one feels, the more depressed one is likely to get. Depression can be mild or severe, and can be related to certain experiences; for example, postnatal depression that occurs after childbirth. Depression is often associated with anxiety.

Bipolar Disorder. People with bipolar disorder experience extreme mood swings—from manic highs to depressive lows—with periods

of normal mood in-between. Someone in a depressive phase will evidence some or all of the symptoms of depression described above. In a manic phase, a person will have an elevated mood, be overconfident and full of energy. He or she may be very talkative and full of ideas, need less sleep, and take uncharacteristic risks. The person can have grandiose ideas and may lose touch with reality; people with this disorder can become psychotic during depressive or manic episodes.

Seasonal Affective Disorder (SAD). Someone with SAD will experience depression during the fall and winter months when there is less natural sunlight, particularly in higher latitudes. He or she can experience lack of energy, sleeping too much, overeating, weight gain, and craving carbohydrates.

SUBSTANCE USE DISORDER

People use substances for the effects they experience, such as increased feelings of pleasure or decreased feelings of distress. Substance use disorder is evidenced by overindulgence of a substance or dependence on a substance, leading to work, school, family, health, or legal problems.

EATING DISORDERS can be characterized by eating too much or too little. People with an eating disorder may deny themselves anything to eat, even when they are very hungry; they may eat constantly or binge. The subject of food and how much they weigh is likely to be on their mind all the time. Eating disorders are likely to develop as a result of deeper issues in life and are possibly a way of disguising emotional pain. Anorexia, bulimia, bingeing and compulsive eating are some of the most common eating disorders.

PSYCHOSIS describes a mental health problem in which a person has lost some contact with reality. This results in severe disturbances in thinking, emotion and behavior, disrupting a person's relationships, work, and usual activities.

Schizophrenia is shrouded by fear and misinformation. Symptoms may include hearing voices or seeing, feeling, tasting, or smelling things that aren't there (hallucinations); believing things that other people don't share, such as thinking one is being persecuted