[](https://www.psychiatry.org/)

A.P.C. of Morgan Park Presents

WHOLLY HEALTHY MINISTRIES

***Physiological, Nutritional, and Mental Health Connection***

**What Is Mental Health v. Mental Illness**?

* Mental Health is foundation for the healthy functioning of human emotions, thinking, communication, learning, resilience and self-esteem.
* Mental Health is also key to healthy relationships, personal and emotional well-being, and contributing to community or society.
* Mental illnesses are health conditions involving **unhealthy** changes in emotion, thinking or behavior (or a combination of these).
* Mental illnesses are associated with distress and/or problems functioning in social, work or family activities.
* Anyone regardless of age, gender, geography, income, social status, race/ethnicity, religion/spirituality, sexual orientation can develop mental illness.
* It can occur at any age, ¾ begins at age 24.
* Nearly one in five (19 percent) U.S. adults experience illness
* One in 24 (4.1 percent) has a serious mental illness\*
* One in 12 (8.5 percent) has a diagnosable substance use disorder
* Mental illness is treatable and the vast majority continue their daily lives.
* People - not want to talk about it but they should not have to deal with – feelings of shamed.
* It is a medical condition just like the heart or diabetes.

[**Diagnosis**](javascript:void(0))**:**

* [**40 million**](https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers) **diagnosed yearly – most costly meds.**
* Symptoms are not always clear; mood continues to get in the way of normal functioning
* Family or friends recognize changes or problems that a person doesn’t see in themselves.
* Mental illnesses can be related to or mimic a medical condition, i.e., **depressive – grief/loss and depression – chronic pain**
* Diagnosis required a full psyche evaluation, physical exam - blood work, and/or neurological tests.
* **Stigmas** prevents treatment; **WHAT ARE THEY AND WHY DO THEY EXIST?**
* [**National Healthcare Disparities Report from 2013**](https://archive.ahrq.gov/research/findings/nhqrdr/nhdr13/index.html#fig231), ratio of treatment **54.3**% Arican-Americans – MDD 2011 - **73.1%** adult Whites.

**Reasons why our community remains silent:**

1. **Distrust in medical establishments.**

* Clinical perspective - [**The Tuskegee Syphilis study**](http://www.socialworker.com/feature-articles/ethics-articles/The_Tuskegee_Syphilis_Study_and_Its_Implications_for_the_21st_Century/) -1932 -1972 - Public Health Service. Last patient passed away in 2004

1. **Shame surrounding mental illness.**

* Mental illness continues to be associated with being ***crazy!***
* Our culture taught and still teaches that we can “handle our problems” – we do not seek or accept outside assistance.
* Because it is not visible it makes it difficult to accept something **wrong with brain or emotions.**

**3) Doubts about the therapeutic process and its effectiveness.**

* Our community does not understand therapeutic “process” - ***“what is talking going to do?”***
* There is a mindset of hopelessness because of the belief that friends, family and spiritual leaders have the best resources and others are a **unsubstantiated last resort**.

**4) Desire to find a therapist who understands.**

* Can’t finding someone “like me;” they can’t represents me; they don’t - understand my cultural challenges.

**5) Church Psychosis:**

* Strong religious traditions/beliefs **“language – demonization” heart disease v. bipolar** – **surgeries**, **red, bowling, universities!!**
* Must recognize our hurting community and begin to **break down stereotypes or we will loose needless lives!!!.**

**Treatment v. Diagnosis:**

* Diagnosis not same as treatment
* Psychiatric symptoms **complicating other illness**.
* Individualized plan - **collaborative** psychotherapy (talk therapy), medication, or other treatments – **combination** - **most effective**.
* Lifestyle changes - **good nutrition, exercise, and adequate sleep** – **mindfulness, hobby, goals!**

**Types of Mental Health Disorders**

* Dctors, researchers, insurance reference the [**Diagnostic & Statistical Manual**](https://www.psychiatry.org/psychiatrists/practice/dsm) (DSM) for– classification criteria - comprehensive disorders list - common and uncommon.

**Common Mental Health Disorders**

* **Addiction/Impulse Control Disorders:**
* Struggle **resisting urges**.
* **Alcohol/drug** dependence, **kleptomania**, **intermittent explosive** disorders (IED) are just a few of the associated conditions.
* **Anxiety Disorders:**
* Abnormal reaction to life’s stressor; victims are excessively – **overwhelmed = sweating, insomnia, feelings of dread**
* **Social anxiety disorder, phobias, and generalized anxiety disorder (GAD).**
* **Developmental Disorders:**
* Psychiatric disorder that originates in childhood.
* Crucial impairment in 1 or more areas.
* **Attn Deficit Hyperactivity Disorder** (ADHD), **Autism** are defined as neurodevelopment disorders.
* **Eating Disorders:**
* Negative **behaviors and attitude** relating to food or weight.
* **Anorexia** and **Bulimia Nervosa**, **Binge Eating** disorder, and **Pica** (ingestion of **non-nutritive**/**non-food** forat least **1 month**.
* **Mood Disorders - Affective Disorders:**
* Psychiatric diseases - **most recognized**: **depression and bipolar disorder (BD**).

**Bipolar disorder** (also known as bipolar **affective** disorder, **manic-depressive illness or affective psychosis**).

A disorder of the brain that causes **severe shifts in mood, energy and activity levels.**

* Is categorized as extreme shifts between **euphoric happiness** (**mania or hyper mania**) to **depressive lows** (**extreme sadness, hopelessness and no pleasure in most activities**).
* Others include **major depressive disorder (MDD), substance-induced disorder, and dysthymia**.
* **Obsessive-Compulsive Disorders (OCD - CBT):**
* Urges to **perform or check** routines **repeatedly**
* Having **obsessive thoughts**
* Conditions include **hoarding disorder and trichotillomania (hair pulling disorder).**
* **Personality Disorders (PD – DBT/Schema):**
* The experience of **extreme, deeply ingrained patterns of unhealthy thinking, behavior, and functioning**.
* Some conditions are**: antisocial personality disorder, narcissistic personality disorder.**
* **Post-Traumatic Stress Disorders (PTSD):**
* **Frequent mental and emotional stress following a traumatic event**.
* **Diagnoses results when victim of PTSD cannot recover**.

**Most Severe Disorders**

* **Psychotic Disorders:**
* Out of all the mental health disorders, psychotic disorders are amongst the **most severe**!
* Origin ranges from **biological, environmental, hereditary predisposition or mutation in the gene.**
* **The disturbance of Serotonin** or activity in the **cerebral sectors** - that is related to emotionality.
* Symptoms include **hallucinations** and **abnormal thinking**.
* Schizophrenia and Multiple Personality Disorder are **prevalent psychotic disorders.**
* **They may be two of the least understood mental health problems!**

## Multiple Personality Disorder:

* What is commonly referred to as **Multiple Personality Disorder**, mental health professionals call **Dissociative Identity Disorder**.
* **Dissociation** is a **coping mechanism** that lets us **disconnect from stressful or traumatic situations, or separate traumatic memories from normal awareness**.
* The **difference results** during times of **extreme stress. Individuals can** take on **two or more separate identities or personality states**. These identities are called **"alters."** *The person* ***may or may not be aware of the other personalities!***
* Extreme and repeated trauma, such as **severe emotional feelings, physical or sexual abuse, or natural disasters, war, and early significant loss** may trigger Dissociative Identity Disorder.
* **It tends to be hereditary** and results in **great difficulty functioning, and individuals can experience depression, mood swings, amnesia, and hallucinations, among many other symptoms.**
* Treatment includes **clinical hypnosis and various types of therapy, such as psychotherapy, creative therapy, or family therapy**. Patients may take medications to relieve depression or anxiety.

## Schizophrenia:

* **Multiple Personalities** and are often associated but they are different. A person with **schizophrenia** may suffer from delusions (for example, false beliefs of persecution), hallucinations (usually hearing voices), and thought disorders; they jump from one thought to another and have muddled speech.
* Eighty percent of our risk for developing **schizophrenia** is due to our genetic makeup--although **actual genetic mutations vary among individuals**. If you have **one parent** with schizophrenia, you have a 10 percent risk of developing the disease. **Schizophrenia** is likely due to **faulty neuron development or chemical imbalance of dopamine (a neurotransmitter)**.
* Children born to older fathers may be at higher risk for schizophrenia, although scientists **don't know why**. Offspring of women who are **depressed during pregnancy and who have a family history may also be at somewhat higher risk**.
* Fortunately, **schizophrenia is not common**. It affects about **one percent of adults worldwide and about 2.2 million in the U.S**.
* Treatment for schizophrenia is usually a **combination of antipsychotic medication, psychotherapy, and self-help resources**. While antipsychotic medications are effective, getting patients to take them as prescribed is often a challenge.
* **Borderline Personality Disorder:**
* Symptoms include **mood swings, inability to control impulses, paranoia or unexplained fear, anxiety, depression, deteriorating mental health**.
* More severe symptoms include **violent outbursts** towards others, **suicidal thoughts, reckless behavior, and self-inflicted harm.**

**Uncommon Mental Health Disorders**

Below is a brief mental health disorders list of uncommon conditions:

**Dissociative Disorders:** Those with dissociative disorders suffer from a disconnect pertaining to identity, memory, and consciousness. As defined in the DSM, there are three main types: dissociative amnesia, dissociative identity disorder (formerly known as multiple personality disorder), depersonalization-derealization disorder.

**Somatic Symptom Disorder:** This disorder is characterized by experiencing physical symptoms of injury or illness that can usually not be explained or diagnosed. Those who suffer from this usually have excessive distress about their symptoms.

**Stress Response Syndromes:** A person with this developed certain behavioral and emotional symptoms that follow a stressful event. This can be anything from a personal crisis or a natural disaster. Unlike PTSD, those with stress response syndromes usually end within six months or so once the source of the stress has gone away.

**Mental Health Disorder Causes:**

Whether they are common mental health disorders or rare ones, **figuring out the causes remains a challenge**. Doctors and researchers have yet to find an [***exact cause***](https://www.webmd.com/mental-health/mental-health-causes-mental-illness#1) for all mental health conditions, but over the years, the direction has led to a **combination of environmental, biological, and psychological aspects being a factor**.

When mental health disorder causes include environmental factors, these can be anything from a *natural disaster or experiencing the loss of a loved one*. Meanwhile, children's mental health disorders can stem from psychological conditions like neglect or severe abuse at home.

Researchers have looked plenty into **biological aspects** when it comes to finding mental health disorder causes. These include **prenatal damage and genetic factors**.

**Mental Illness in Adults**

Concerning mental health disorders in adults, it is [**estimated**](https://www.nimh.nih.gov/health/statistics/mental-illness.shtml)that **1 in 6** adults are living with some form of mental illness in the US alone. Some of the conditions that usually manifest in adulthood include **mood disorders, anxiety disorders, and psychotic disorders.**

**Children's Mental Health Disorders**

Diagnosing children's mental disorders is not simple. Children are often ***unable to ask for help, so they must rely on the adults in their lives to recognize symptoms***. Statistics have shown that in the US, about have been diagnosed with some form of mental illness. Typical conditions include **developmental disorders, mood disorders, and eating disorders**. Because children's mental health disorders can often be looked over, it's important to watch for any children that may experience certain symptoms. In fact, [**about half**](https://www.nami.org/Learn-More/Mental-Health-Conditions) **of mental health disorders begin around age 14.**

**Warning Signs of Mental Health Disorders**

It not only helps to learn the various types of mental health disorders but also some of the [warning signs](https://www.psychiatry.org/patients-families/warning-signs-of-mental-illness) that may come with them:

* Apathy
* Social withdrawal
* Mood changes
* Nervousness
* Sleep/appetite changes
* Substance use
* Suicidal thoughts
* Confusion
* Coping issues

**Note:**

* \* Serious - substantially interferes with **one or more major life activities**. **major depressive disorder, schizophrenia and bipolar disorder.**