

## **Mental health: Summary of the disorders commonly found in youth and young adults**

### **Depression**

Depression is a common human experience. Many people will at some time in their life experience depression. In fact, research shows that people between the ages of 18 and 22 experience depression at a higher rate than in any other life stage. The most dramatic sign is lack of pleasure in normal, pleasing, life activities and feeling fatigued. Most experiences of depression do not interfere in daily activity. People go on doing the things they do, but they must push themselves.

In any given one-year period, 9.5 percent of the population, or about 18.8 million American adults, suffer from a depressive illness. Most people with a depressive illness do not seek treatment, although the great majority—even those whose depression is extremely severe—can be helped. Thanks to years of fruitful research, there are now medications and psychosocial therapies such as cognitive/behavioral, "talk" or interpersonal that can ease the pain of depression.

Unfortunately, many people do not recognize that depression is a treatable illness nor do they recognize that what they are experiencing would be considered a depressive disorder. Everyone experiences depressive symptoms at various times in their lives, this is normal. But when these symptoms are consistently present for a longer period of time and get in the way of daily functioning, it is considered a clinical depression or depressive disorder and should be treated.

#### **Common depressive symptoms**

- What used to be satisfying is frustrating or tedious
- Withdrawing from other people and self-isolating
- Avoiding people and situations
- Experience increased negative thinking
- Hopelessness
- Feeling overwhelmed
- Experiencing disturbance of appetite and sleep
- Feeling trapped in this feeling/believing it will never end

- Some may experience suicidal ideation: thinking of killing themselves or a death wish: wishing something would happen to them so they didn't have to live with the struggle any longer, but don't actively think about taking their own life.

### **Symptoms of clinical depression (a depressive disorder)**

- Persistent feelings of sadness, irritability, or anxiety.
- Loss of interest or pleasure in activities you once enjoyed.
- Change in sleep pattern (insomnia—difficulty falling asleep, waking up in the middle of the night--or sleeping more than usual.
- Change in appetite (decreased, perhaps resulting in weight loss; or increased perhaps resulting in weight gain)
- Tiredness or lack of energy.
- Slowed-down or speeded-up physical activity or restlessness.
- Guilt or low self-esteem (feeling worthless, useless, or helpless)
- Difficulty concentrating or making decisions
- Hopelessness, sometimes leading to feeling that life is not worth living, and thoughts of death or suicide.
- Pervasive negative outlook
- Impulsive behaviors
- Dissatisfaction with life
- Feeling of loss of control of their life
- Symptoms are present every day for at least 2 weeks

Symptoms vary from person to person, but people with clinical depression will have at least some, or perhaps all, of these symptoms.

Check out this page on the National Alliance on Mental Illness website for more information on depression:

<https://www.nami.org/Learn-More/Mental-Health-Conditions/Depression>

### **Assessing suicidal ideation**

Suicide is usually preceded by feelings of isolation, hopelessness, sleep disturbances, inability to cope, and other symptoms related to change, loss or impulse control.

Intention

- Ask directly if they have thoughts of “suicide” or “killing” themselves
- Are the thoughts pervasive or intermittent with a definite relationship to a given situation?

## Plan

- Do they have a plan?
- How extensive or well thought out is their plan?

## Means and lethality

- Do they have immediate or eventual access to the identified means (i.e. pills, gun, knife)
- How lethal is their plan?

## Prior attempts

If there have been prior attempts, the chances of more attempts (and eventual success) are greater.

This web site provides information and links for understanding and preventing suicide:

<http://www.save.org>

## **Anxiety Disorder/Panic attack**

Anxiety disorders often appear in the form of a panic attack, described as a discrete period of intense fear or discomfort, in which at least four of the following symptoms develop abruptly and reach a peak within 10 minutes:

- Palpitation, pounding hard, or accelerated heart rate
- Sweating
- Trembling or shaking
- Sensations of shortness of breath or smothering
- Feeling of choking
- Chest pain or discomfort
- Nausea or abdominal distress
- Feeling dizzy, unsteady, lightheaded or faint
- Derealization (feelings of unreality)
- Depersonalization (feeling detached from oneself)
- Fear of losing control or going crazy
- Fear of dying
- Paresthesias (numbness or tingling sensations)
- Chills or hot flushes

Panic attacks may occur by themselves or in connection with a variety of other anxiety conditions or disorders. They can be a feature of anxiety due to a medical condition or due to substance use. They can also occur as isolated experiences in normal young adults. Panic attacks are important for several reasons:

- They are common (perhaps 30% of all adults have experienced at least one).
- They are often easily treated, sometimes just by obtaining a little reassurance or by breathing into a paper bag.
- If untreated, they can be severely debilitating.
- Sometimes they mask other illnesses that range from severe mood disorders to heart attacks.

(DSM IV, 1994)

Check out this page on the National Alliance on Mental Illness website for more information on anxiety disorders:

<https://www.nami.org/Learn-More/Mental-Health-Conditions/Anxiety-Disorders>

## Self-injury

### What is self-injury?

It's called many things -- self-inflicted violence, self-injury, self-harm, parasuicide, delicate cutting, self-abuse, self-mutilation.

Broadly speaking, **self-injury is the act of attempting to alter a mood state by inflicting physical harm serious enough to cause tissue damage to one's body.**

Approximately 1% of the United States population uses physical self-injury as a way of dealing with overwhelming feelings or situations, often using it to speak when no words will come.

### What is self-injurious behavior?

The forms and severity of self-injury can vary, although the most commonly seen behavior is cutting, burning, and head-banging.

Other forms of self-injurious behavior include:

- carving
- scratching
- branding
- marking
- burning/abrasions
- biting
- bruising
- hitting
- picking/pulling skin and hair

It's *not* self-injury if the primary purpose is:

- sexual gratification
- body decoration (e.g., body piercing, tattooing)
- spiritual enlightenment via ritual
- fitting in or being cool

**Check out this page on the National Alliance on Mental Illness website for more information in self-harm:**

<https://www.nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Self-harm>

## Eating disorders

### **Bulimia, anorexia, and binge eating disorder: What is an eating disorder?**

Eating Disorders such as anorexia, bulimia, and binge eating disorder include extreme emotions, attitudes, and behaviors surrounding weight and food issues.

They are serious emotional and physical problems that can have life-threatening consequences for females and males.

**Bulimia nervosa** is characterized by a secretive cycle of binge eating followed by purging. Bulimia includes eating large amounts of food--more than most people would eat in one meal--in short periods of time, then getting rid of the food and calories through vomiting, laxative abuse, or over-exercising.

Symptoms include:

- Repeated episodes of bingeing and purging
- Feeling out of control during a binge and eating beyond the point of comfortable fullness
- Purging after a binge, (typically by self-induced vomiting, abuse of laxatives, diet pills and/or diuretics, excessive exercise, or fasting)
- Frequent dieting
- Extreme concern with body weight and shape

**Binge eating disorder** (also known as compulsive overeating) is characterized primarily by periods of uncontrolled, impulsive, or continuous eating beyond the point of feeling comfortably full. While there is no purging, there may be sporadic fasts or repetitive diets and often feelings of shame or self-hatred after a binge. People who overeat compulsively may struggle with anxiety, depression, and loneliness, which can contribute to their unhealthy episodes of binge eating. Body weight may vary from normal to mild, moderate, or severe obesity.

### **Anorexia nervosa**

Anorexia Nervosa is a serious, potentially life-threatening eating disorder characterized by self-starvation and excessive weight loss.

Anorexia nervosa has four primary symptoms:

- Resistance to maintaining body weight at or above a minimally normal weight for age and height
- Intense fear of weight gain or being “fat” even though underweight.

- Disturbance in the experience of body weight or shape, undue influence of weight or shape on self-evaluation, or denial of the seriousness of low body weight.
- Loss of menstrual periods in girls and women post-puberty.

*Eating disorders experts have found that prompt intensive treatment significantly improves the chances of recovery. Therefore, it is important to be aware of some of the warning signs of anorexia nervosa.*

### **Eating disorders red flags**

- Underweight
- Odd eating habits
- Obsessed with food
- Cutting food. into very small pieces
- "Playing" with food
- Very slow eater
- Over-focused on calorie content
- Guilt about eating
- Frequent talk about weight/size
- Going to the bathroom immediately after eating
- Fanatical about not eating foods with sugar, fat, carbs
- Marks on hands
- Wearing baggy clothing
- Fatigue/dizziness
- Eating when upset
- Overeating/compulsive eating
- Poor self-image
- Very controlling family
- Possession of diet pills, laxatives, etc.
- Excessive exercise
- Depression

Check out this website for more information on eating disorders:

<https://www.nationaleatingdisorders.org/>

## **Communication: What Should I Say?**

### Tips for Talking to a Friend Who May Be Struggling with an Eating Disorder

If you are worried about your friend's eating behaviors or attitudes, it is important to express your concerns in a loving and supportive way. It is also necessary to discuss your worries early on, rather than waiting until your friend has endured many of the damaging physical and emotional effects of eating disorders.

In a private and relaxed setting, talk to your friend in a calm and caring way about the specific things you have seen or felt that have caused you to worry.

#### What to say - Step by step

- Set a time to talk. Set aside a time for a private, respectful meeting with your friend to discuss your concerns openly and honestly in a caring, supportive way. Make sure you will be some place away from other distractions.
- Communicate your concerns. Share your memories of specific times when you felt concerned about your friend's eating or exercise behaviors. Explain that you think these things may indicate that there could be a problem that needs professional attention.
- Ask your friend to explore these concerns with a counselor, doctor, nutritionist, or other health professional who is knowledgeable about eating issues. If you feel comfortable doing so, offer to help your friend make an appointment or accompany your friend on their first visit.
- Avoid conflicts or a battle of the wills with your friend. If your friend refuses to acknowledge that there is a problem or any reason for you to be concerned, restate your feelings and the reasons for them and leave yourself open and available as a supportive listener.
- Avoid placing shame, blame, or guilt on your friend regarding their actions or attitudes. Do not use accusatory "you" statements like, "You just need to eat." Or, "You are acting irresponsibly." Instead, use "I" statements. For example: "I'm concerned about you because you refuse to eat breakfast or lunch." Or, "It makes me afraid to hear you vomiting."
- Avoid giving simple solutions. For example, "If you'd just stop, then everything would be fine!"

Express your continued support. Remind your friend that you care and want your friend to be healthy and happy.