

Advocate through knowledge

Web sites include symptoms, treatment, the latest research, and other supports for most psychiatric disorders. Begin your research with a site below and soon you will be connected to a world of mental health information.

American Psychiatric Association: www.psych.org

American Psychological Association: www.apa.org

National Mental Health Information Center: www.mentalhealth.org

Center for Mental Health Services: www.mentalhealth.org

National Alliance for the Mentally Ill: www.NAMI.org

National Institute of Mental Health: www.nimh.nih.gov

National Mental Health Association: www.NMHA.org

National Mental Health Consumer's Self-Help Clearinghouse, www.mhselfhelp.org

National Empowerment Center, www.power2u.org

This insert was created by Karen Padowicz, COFAMH Chairperson and Development Director, Warren-Washington Association for Mental Health, Inc. Reviewed by Peter Groff, CEO, AMH. COFAMH is a coalition of organizations, agencies and individuals who are working together to promote an awareness and understanding of mental health and illness in our community. Current activities include a bi-annual conference of high school students titled "Get Psyched", lesson plans for schools titled, "Breaking the Silence: Teaching the next generation about mental illness", a four-page information insert in The Post-Star which includes information for adults in May and about youth in October. These are produced in conjunction with Mental Health Month and Mental Illness Awareness Week for youth in October. COFAMH is currently completing a mental health resource guide which will be distributed in September and is finalizing a audio CD project, "Under the Image: Real Voices. Real People". Funded through a grant from the Glens Falls Rotary Foundation, this project will be distributed free of charge to schools and other organizations who work with youth in Warren and Washington counties. The CD packet includes a 54-page Teacher's Companion, 31-page Student Workbook, Resource Guide, Poster, and evaluation form. A comprehensive conference on mental health is now being planned for November. Agencies and organizations represented on COFAMH include: WWSHE BOCES, WW Office of Community Services, Center for Children and Families, Glens Falls Hospital -Behavioral Health, Johnsbury Central School, Liberty House, National Alliance for the Mentally Ill-North Country, Warren County Citizen's Corp, Warren-Washington Association for Mental Health, Voices of the Heart. For more information contact Karen Padowicz at 793-2352 ext. 237, 230 Maple Street, Glens Falls, NY 12801. Email: karen@wwamh.org. One the Web: www.wwamh.org

Recognize when help is needed

Warning signs of a possible psychiatric disorder

- A persistent sad, anxious or "empty" mood.
- Change in eating habits (No appetite? Eating too much?)
- Change in sleeping (Too little? Too much?)
- Fatigue or loss of energy
- Talk suggesting suicidal thinking
- Alcohol and/or drug abuse
- Frequent outbursts of anger
- Inability to cope with problems
- Inability to cope with daily activities
- More time spent alone
- Drop in performance at work
- Change in usual activity
- Complaints about new physical "ailments"
- Strange thoughts, feelings

- Feeling guilty, hopeless, worthless.
- Unusual behaviors
- Scattered thinking
- Poor concentration and focus

An indication of a more serious problem is when a combination of the above signs (*experiencing 5 or more*) lasts for a prolonged period of time (*longer than 2 weeks*). The first step is to visit your family doctor to determine if there is a physical cause for your symptoms. You may need to be referred to a mental health professional for an evaluation.

A special insert on mental health sponsored by COFAMH (*Coalition for the Advancement of Mental Health*) with support from the Mental Health Association of New York State and The Post-Star.

Relationships in trouble?
Job at risk?
Cycle of bad decisions?
Too much anger, too little joy?
Denying, not dealing?

It's a family affair

When a mental illness is diagnosed in a family, everyone in the family is affected. Relationships can become strained as family members try to understand—and accept—the vulnerabilities of their loved one. The nagging questions of “why”, “What do we do?”, “Who can help us”, “What is the best treatment?” and “What are the hopes for the future?” are felt in varying intensities.

Family members may or may not be a part of a person's clinical treatment, but they can help their loved one by learning more about the illness. Most of this additional knowledge will need to come via personal research—at libraries, on the internet, but there are family support services in the community which can augment efforts to understand.

Family~to~Family Education

The National Alliance for the Mentally Ill-North Country division offers a free, 12-week course to family members and friends of people living with serious mental illnesses. The course focuses on schizophrenia, bipolar disorder (manic depression), clinical depression, panic disorder and obsessive-compulsive disorder (OCD) and covers information on brain illnesses and available treatments, coping skills, how to be an advocate for the mentally ill, and guidance in locating local support groups and services. For information about the next course call Nancy Harrigan, President NAMI-NC (518) 543-6104.

OTHER NAMI-NC FAMILY SUPPORT: Regular meetings are held on the first and third Mondays of each month; **local support group** meets on the third Monday of each month, 7 pm at the meeting room, Warren-Washington Association for Mental Health, 3043 State Rt. 4, Hudson Falls. All who are affected by mental illness in themselves or others are welcome; **educational meetings** are held every first

Monday (except July & August).

“Even though I had no energy and was always tired, I still had trouble sleeping. And the aches and pains! But, my doctor told me there was no reason she could find for them.”

Behaviors for better health

Most of us have heard this information again and again, but may have trouble keeping on track. The good news is that you can always decide to start again! Every effort, no matter how small, will take you to another perspective. A concise, common-sense listing of ways you can help yourself balance emotions and clarify thinking follows. It is important to remember: if your ability to make decisions—or feel feelings—or behave in ways that promote personal growth, seems impossible to grasp, please, decide to get help.

The things you do to protect your physical health will also help your mental health. Eat sensibly and healthfully. Cut down on alcohol and other substances that can affect your ability to control your actions and emotions. Most important, be physically active. Exercise just 30 minutes a day will improve your energy level, sleep patterns and even your self-esteem. At work, take periodic breaks, including getting out of your chair and stretching and walking. You will avoid burnout and feel more refreshed. When you're faced with a problem, talk it out to release pent up emotions and gain some objectivity. When overwhelmed, make a list of activities—rank them in importance and work on them one at a time. Take your mind off problems by doing something you enjoy. Keep a journal. Write about what causes frequent stress and change the things you have control over. Picture yourself in positive settings—making positive decisions. Change your “internal talk” to affirmations rather than “I won’t”, “I can’t” statements. Be honest and say “no” when you need to. If you're a perfectionist, remind yourself that this is an unrealistic goal—aim high, but accept mistakes as learning tools rather than reasons for self-blame. Try to understand the point of view from another person's perspective—maybe your outlook will improve. Walk away from potentially explosive situations. Find calm before you deal with the problem making you angry. Research your need for a daily vitamin. Listen to your instincts. Be kind. Create goals, but expect improvement in small steps and appreciate the journey. Take responsibility for your life—blaming others will only take you further away from self-improvement. Learn more. When tired, rest. When overworked, rest. Seek escape from pain by trying to understand it rather than avoiding it. In spite of the sorrows that may have come before, learn to love yourself. Embrace hope. Embrace humanity. Embrace all that is good within yourself and within the world and decide to make your life—and life of the ones you love—meaningful. Give more than you take, but appreciate the gifts you receive. If you hurt yourself and others around you, know there is another way.

It's your life.

Can you decide to make it better?.

Mental illness is not a choice.

Resources for a healthier community

The mental health system can be complex and confusing. A person may know that help is needed, but be uncertain as to exactly what services are needed. The Office of Community Services can help work through the what and where, but it is always good to have an aerial view of the mental health system.

Clinics: both private and public offering therapy for children, teens and adults in individual, family and group therapy settings. Psychiatric evaluations and specialized programs for specific issues.

Residences: Mental health care and skill development to re-enter the community in group homes or minimally assisted apartments.

Case Management: Case managers connect individuals and families with services to meet their particular needs. Intensive case management is also available.

Alcohol & Substance Abuse: Treatment typically occurs in sites separate from mental health clinics although people with a “Dual Diagnosis” (combined mental illness and abuse) can find treatment in clinics.

Family & Peer Support: Organizations of other families and individuals who share similar experiences with mental illnesses. Support, advocacy, groups, information.

Day Programs: Opportunity for therapeutic, social and skill development in a supportive setting.

Inpatient Care: Hospitalization. Mostly used for crisis situations.

Informed Decisions

Choosing a Therapist

If you suspect a problem is psychiatric in nature, it is important to know more about the therapeutic choices in the community. Finding the right therapist is similar to finding the right medical doctor. Some will “fit” your needs and style; others will not. It may take time to find the right fit. Here’s a list of what you can reasonably expect from your relationship with a therapist.

- Feel free to ask questions before you begin and during therapy.
- Ask how long the waiting period will be and if a therapist is available to see you.
- What are the fees for therapy, method of payment and insurance reimbursement?
- What are the therapist’s qualifications to practice, including training, credentials, years of experience, and method of therapy.
- What are the therapists areas of specialization and limitations.
- How is confidentiality handled? Can you access written or taped records? What is the code of ethics?
- How are therapeutic goals established? How often are the goals reconsidered?
- How is treatment strategy determined and what if there is a disagreement with this strategy?

The decision to discuss any aspect of your therapy with others outside the therapy situation, including consulting another therapist, is YOURS. If you change therapists, your previous therapist is required to send a written report of services to another qualified therapist or organization on your written authorization.

Reference: Steven Fisch, PhD, *Choosing a Therapist*, Waterford, MI: Minerva Press, Inc. 1985

Questions to ask before psychiatric hospital treatment

When a psychiatric crisis occurs, it is often difficult for the individual and family members to grasp what is happening to this person’s life. As always, it is important for families to ask questions and remain an active partner in making decisions. Become

informed about treatment plans, procedures, follow up care, payment and insurance restrictions.

- Why is inpatient treatment being recommended and how will it help?
- Are there other treatment options and how do they compare?
- What are the goals of the treatment plan and what does the program include?
- Who determines when the goals are reached, the length of hospital stay and follow up care in the community?
- What are the programs available to (me, my husband, son, daughter, etc.)
- What will happen if I can no longer pay for inpatient hospital services and treatment is still needed?
- Who should I communicate with regarding inpatient care and is she/he accessible?

Source: Facts for Families: American Academy of Child & Adolescent Psychiatry, Washington DC

“It’s helped me to communicate with my ill family member.”

“I now have met a very special group of people who understand my situation. It will help me in future crises to recall this experience.”

Sharing experiences with others in similar situations was an important step in understanding what was happening to their loved one.

Mental Illnesses are real.

Mental illnesses are brain-based disorders that can occur at any point in a person’s life. In the last decade, scientists have learned more about the connections and balances between our minds and bodies, the influence of genetics, environments we live in and how our self-perceptions can alter the world we experience. Sometimes, some people are tipped out of balance by stress, loss, lifestyle, physical illness, a traumatic event. Getting back in balance may need more than a little good luck.

Mental illness is the last public health issue that carries a damaging societal stigma. Twenty percent of American adults—or one in five—will have a mental illness during their lifetime that prevents them from enjoying life and requires treatment. Sadly, because of stigma, most of the 1-in-5 will not seek help and their illness will seriously affect their quality of life as well as the mental health of the people around them...children, wives, parents and friends. Treatment helps.

Mental illnesses are common.

Prevalence among Americans

- Depression is a major public health problem that affects up to 6 million men and 12 million women annually.
- Although about 16% of American adults will develop depression at some point, only 20% will receive the care they need.
- An estimated 2.5 million have bi-polar disorder. The actual number may be two to three times higher since as many as 80 percent of people with this illness go undiagnosed or misdiagnosed.

In the workplace

- Workplace stress causes about one million US employees to miss work each day.

- Work-related stress can double people's risk of dying from heart disease.
- In a typical workplace with 20 employees, four will likely develop a mental illness this year.

Among the elderly

- Late-life depression affects approximately 6 million adults, most of them women, but only 10% ever get treated.
- The suicide rate in older adults is more than 50% higher than the nation as a whole.

In our colleges

- 10% have been diagnosed with depression; 7% have an anxiety disorder; 5% of college women have bulimia.

Mental illnesses are TREATABLE

- The treatment success for psychiatric disorders surpasses treatment success for other medical conditions, such as heart disease. Depression 80% treatment success; Panic Disorder 70—90%; Heart disease 45-50%

When I need help, where can I go?

For information about resources in the community, contact the Office of Community Services or, if not available, the local mental health center. In Warren and Washington counties you can call 792-7143.

I don't have a lot of money, medical insurance, or hospitalization coverage—how can I pay for the service I may need?

In publicly-funded mental health centers (those funded by the state, city or county governments) the cost of many services is calculated according to what you can afford to pay. So, if you have no money, or very little, services are still provided. This is called a sliding-scale or sliding-fee basis of payment. Many employees make assistance programs available to their employees, often without charge. These programs—locally called EAP (Employee Assistance Program) are designed to provide individual and family counseling and assistance with problems of drug and alcohol abuse. (*Warren, Washington & Saratoga counties call 793-9768 or 1-800-734-6072 for other locations*)

Are there other places to go for help?

Yes, there are alternatives. Many programs operate independently. These include local clinics, family service agencies, mental health self-help groups, private psychiatric hospitals, private clinics, and private practitioners. If you go to a private practitioner, you will pay the full cost of the services, less the amount paid by your insurer or some other payment source. The local self-help organization, Voices of the Heart, offers support groups to deal with problems and specific mental illnesses. Peer Advocacy, Socials, Resource Center, a Crisis Respite Program, and a Food Pantry are also available. (747-8404).

Your church or synagogue can put you in touch with a pastoral counseling program. Certified pastoral counselors are ministers in a recognized religious body. They have advanced degrees in pastoral counseling and professional counseling experience. A sliding—fee scale usually exists. Contact the American Association of Pastoral Counselors; Email-info@aapc.org. On the web at www.aapc.org

I don't like to bother other people with my problems. Wouldn't it be better to just wait and work things out by myself?

That's like having a toothache and not going to the dentist. The results are the same—you keep on hurting and the problem will probably get worse.

Suppose I decide to visit a therapist. What will happen?

A specially trained staff member will talk with you about the things that are worrying you and cause problems in your life.

Talk? I can talk to a friend for free—why pay someone?

If you have a wise and understanding friend who is willing to listen to your problems, you may not need professional help at all. But often that's not enough if your problems are serious. You may need a professionally trained person to help you uncover what's really bothering you. Your friend probably does not have the skills to do this.

How can just talking make problems disappear?

When you are talking to someone who has professional training and has helped others with problems similar to yours, that person is able to see the patterns in your life that have led to your unhappiness. In therapy, the job is to help you recognize those patterns—and you may try to change them. However, some people need a combination of “talk” therapy and medication to help positive change occur.

Are psychiatrists the only ones who help?

No. A therapist does not have to be a psychiatrist. A number of psychologists, social workers, nurses, counselors, and others have been specially trained and licensed to work effectively with people’s mental and emotional difficulties. However, only a psychiatrist is a medical doctor. Both psychiatrists and nurse practitioners can prescribe medication.

I can’t take time off. Are appointments available after normal working hours?

Yes. Appointments can be available in the early morning, evenings and sometimes during the weekend. This varies from place to place.

I think my wife and I need counseling, but the idea may threaten her. Could I pretend it’s something else?

It’s better to talk your spouse into it than to lie. Don’t jeopardize trust by being deceptive. However, you may want to discuss it first with a counselor. Marital and family therapy is available when a problem exists that involves more than one family member.

What kind of treatment is there?

There are many kinds of treatment and the one best for your needs will be discussed with the clinician. Depending on the nature of the illness being treated, psychotherapy and/or treatment with medication may be recommended. Sometimes, joining a group of people who have similar problems is best; at other times, talking individually to a therapist is best.

Does therapy for mental & emotional problems always work?

Sometimes, it does, and sometimes it doesn’t. It primarily depends on you and your therapist. It is important to share your concerns in a serious, sincere and open manner. Only if you are completely honest and open can you expect to receive the best support and advice.

What if I try, but still can’t feel comfortable with the therapist?

There should be a “fit” between your personality and the therapist’s. If there isn’t, someone else—or some other method—may be better for you.

What if the medication doesn’t seem to help?

Different medication require different times to be effective. Work closely with your doctor in reporting any side-effects and therapeutic progress. If after 5 or 6 weeks there is little or no change in your symptoms a different medication may be needed.

I have an elderly parent I am concerned about. Is there help?

You may be referred to a special agency or organization that provides services designed especially to meet the needs of the elderly. The county department of public welfare can provide contact information about services for the elderly.

My friend needs help, but she is worried about her privacy.

Confidentiality is basic to therapy, and the patient has the right to control access to information about treatment. Some insurance companies require certain information from the therapist as a condition of payment, but that information can be released only if the patient gives written permission. To know exact details, the individual insurance provider should be contacted.

I have a relative with a severe mental problem. Should I urge hospitalization?

A person who is mentally ill should go to the hospital only if it is absolutely necessary. In general, most mental health problems can be treated in out-patient settings. In-patient treatment may be required if symptoms are more severe or the specific treatment needed requires more intensive supervision.

Do emergency cases wind up as long-term patients in mental hospitals?

Generally no. Psychiatric units in local hospitals today provide short-term crisis intervention and short-term care when there are no other community services available or when a person needs extra care to stabilize a drug treatment regimen. There are some Psychiatric Hospitals around the State that serve a small percentage of patients who need long-term, structured, supervised care and treatment in a protective setting.

Is there a monitoring agency if needed?

Federal law provides that each state have a Protection and Advocacy (P&A) System. These agencies investigate reports of abuse and neglect in public or private mental health or treatment facilities. Contact the National Association of Protective and Advocacy Systems for more information.

Source: "A Consumer's Guide to Mental Health Services" - National Mental Health Information Center. www.mentalhealth.org

Coming up in Mental Health

AMH Annual Dinner: May 25th, Queensbury Hotel. Pre-registration required.

Lake George Cruise: August 5th, Horicon. Benefit AMH.

Under the Image: Real Voices. Real People:

educational package for schools, youth groups. September.

Mental Health & Youth, The Post-Star: October

"Get Psyched" Youth Conference: 9am-1:30pm, November 17th, Ft. William Henry. Pre-registration required.

1st Annual Mental Health Conference: November (TBA) - expansion of the 2003

"Troubled Teens" presentation. Open to the public.

Email Karen@wwamh.org. Call Karen Padowicz @ 793-2352, ext. 237

You've got mail!

In order to stay healthy, your body and brain are always talking to each other. Sometimes, this message delivery system doesn't function properly and messages are either not delivered or sent with incomplete information.

The brain has different regulating systems. For example, over or under stimulation of the Amygdala can cause problems with anger and self-control.

If nerve cells aren't working properly in the Cerebrum, making decisions and solving problems become harder.

Mental illness is NOT a choice.

Mental Illnesses are real.