

# Exploring Mental Health

## The Difference Between Any Mental Illness and Serious Mental Illness

Public education regarding mental illness serves as an important intervention tool to reduce public stigma and misconception of individuals living with mental health disorders and mental health treatment [1]. Biases against individuals with mental illness negatively affect both public perception and self-perception of individuals diagnosed with mental illness [2]. Misconstruing mental illness may encourage public desire for social distance from individuals affected with mental illness [3] and impact mental healthcare accessibility [4].

### Any Mental Illness

The National Institute of Mental Health describes any mental illness as a **“mental, behavioral, or emotional disorder. AMI can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment.”** [5]

#### Examples of AMI

##### Depression

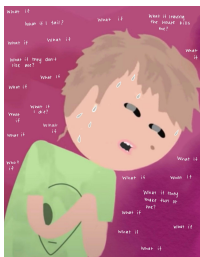
A characterization of mental illness distinguished by deficiency in the ability to maintain a positive emotional and mental state. Depression presents on a large spectrum ranging from non-noticeable cases to clinically significant cases. [6] [9]



**Common Symptoms:** tearfulness, irritability, social withdrawal, fatigue, exacerbation of pre-existing pains, and change in normal sleep and eating patterns

##### Generalised Anxiety Disorder

Frequent and excessive feelings of anxiety over at least a six month period, commonly (but not always) associated with panic attacks or public embarrassment. GAD is frequently comorbid with depression. [7] [9]



**Common Symptoms:** uncontrollable anxiousness and worry, apprehension about the outcome of routine activities, apprehension about separation from a loved one, demoralisation, and inability to carry out normal routines

### Serious Mental Illness

The National Institute of Mental Health describes serious mental illness as a **“mental, behavioral, or emotional disorder which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI.”** [5]

#### Examples of SMI

##### Schizophrenia

A serious mental illness whose symptoms can contribute to social or occupational dysfunction by hindering an individual's ability to think clearly, manage emotions and relate to others. Symptoms of schizophrenia must appear in the individual and reduce their functionality for at least 6 months. [8] [10]

**Common Symptoms:** hallucinations, delusions, emotional flatness, cognitive issues, and disorganized thinking [11]

#### Harmful Stereotypes Associated with Schizophrenia

**Schizophrenia means having multiple personalities.** While schizophrenic patients may experience hallucinations and disorganized thinking, they do not experience multiple personalities. **Dissociative Identity Disorder** is its own unique diagnosis.

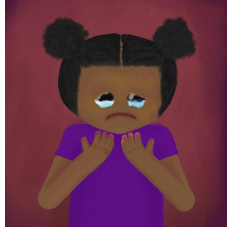
**Schizophrenics are dangerous and violent.** Most people with schizophrenia are not any more dangerous or violent than the general population.

**People with schizophrenia end up homeless or living in hospitals.** Inability to access to mental health treatment or resources may lead to homelessness and frequent hospitalization in schizophrenic populations. However, most people with schizophrenia live with their family, in group homes or on their own.

## Examples of AMI

### Obsessive-Compulsive Disorder

Intrusive thoughts or images become obsessions and cause anxiety, followed by compulsive behavior used to cope and decrease feelings of anxiety. Compulsions may appear as covert (mental and physical acts that are unobservable by others) or overt (physical acts observable by others) and are generally not pleasurable or gratifying. [7] [9]



#### Common Symptoms:

**Obsessions:** Thoughts of contamination from dirt, viruses, or body fluids; the fear of harm and feelings of unsafety, a fixation of symmetry and order, pervasive thoughts regarding one's body or physical symptoms, uncontrollable thoughts regarding a variety of topics (sex, religion, blasphemy, etc.)

**Covert Compulsions:** Repetition of phrases, prayers, or mental mannerisms; ordering based on symmetry or exactness, hoarding, collecting, and counting

**Overt Compulsions** Cleaning or washing, checking (for example, locks or gas taps), change in normal sleep and irregular eating patterns

#### Harmful OCD Appropriation

When individuals that **prioritize cleanliness or organization** are labeled as "OCD" this misconstrues the realities of living with Obsessive Compulsive Disorder. Characterizing these peers as "clean" or "organized" more suitable describes these non-diagnosed peers.

### Post Traumatic Disorder

Re-experiencing one or more traumatic events through flashbacks, nightmares, uncontrolled recall of repetitive and intrusive aspects of the experienced trauma (for example images or other sensory impressions). [9]



**Common Symptoms:** Hypervigilance for threat, exaggerated startle responses, irritability, difficulty in concentrating, sleep problem, avoidance of trauma reminders, amnesia of the traumatic event, or emotional numbing. Emotional numbing may lead to feelings of detachment from others and previous activities of interest.

## Additional AMI Resources

[Depression](#)

[Generalized Anxiety Disorder](#)

[Obsessive Compulsive Disorder](#)

[Post Traumatic Stress Disorder](#)

Mental Healthcare Hotline:

1-800-950-6264

## Examples of SMI

### Bipolar Disorder

Patients experience fluctuating periods of uncontrollable mania and depression.



#### Common Symptoms:

The severity of Bipolar symptoms may present differently between individuals. The timing between episodes may vary, patients may experience both mania and depressive extremes simultaneously, or undergo states for an extended period of time. [6] [9]

**Mania:** Periods of mania may be characterized by at least one episode of mania or hypomania. Hypomania describes a more mild form of mania without psychotic episodes, meaning patients with hypomania often behave functionally in social situations or work. Manic episodes describe periods of elevated mood which often leads to uncontrolled, impulsive behavior. During manic episodes patients are at increased risk of committing suicide.

**Depression:** Crippling periods of depression associated with difficulty falling and staying asleep, challenges making decisions, or obsession with experiences associated with negative emotions. Depressive episodes must occur for the entirety of two weeks, and inhibit an individual's ability to function normally.

#### Harmful Bipolar Disorder Appropriation

Using phrases such as, "**They are so bipolar!**" to describe non-diagnosed peers who may be experiencing shifts in mood or spirit harmfully conflates emotional instability with Bipolar Disorder. The phrase "emotionally imbalanced" more appropriately describes these peers.

### Schizoaffective Disorder

Patients experience uninterrupted period of illness in which a Major Depressive Episode, a Manic Episode, or a Mixed Episode (an Episode with features of mania and depression) occur concurrent with symptoms of Schizophrenia. [12]

#### Symptoms:

Individuals with Schizoaffective Disorder present symptoms of Schizophrenia while concurrently experiencing depressive or bipolar episodes.

**Bipolar Type:** Episodes coincide with symptoms of a Manic or Mixed Episode or the combination of a Mixed Episode and a Major Depressive Episode.

**Depressive Type:** Episodes only coincide with symptoms of a Major Depressive Episode.

## Additional SMI Resources

[Schizophrenia](#)

[Bipolar Disorder](#)

[Schizoaffective Disorder](#)

## Treatment Options and Resources

Advances in modern medicine, therapy and psychosocial rehabilitation techniques, neurological research, and community mental health programs continue to help individuals with mental health disorders maintain healthy, sometimes normal, lives. Just as individuals experience their mental health disorders uniquely, treatment plans usually vary between individuals.

### Common Mental Health Treatment Strategies

**Mental Health Professionals** come in many different forms, each with their own capabilities and expertise. Mental Health Professionals may provide assessment and therapy, prescribe and monitor medication, or provide patient specific support.

[NAMI information on Mental Health Professionals](#)

**Psychotherapy** provides individuals suffering from mental illness with an opportunity to talk with a trained therapist in a safe and confidential manner. These conversations may develop an understanding of one's illness and explore coping mechanisms.

[NAMI information on Psychotherapy](#)

**Mental Health Crisis Teams** connect individuals suffering from mental illness to treatment within their community.

[NAMI information on Treatment During a Crisis](#)

**Medication** may regulate imbalanced neurochemicals of individuals suffering from mental illness. Mental healthcare professionals can work with patients to solidify a medication treatment plan. Oftentimes medication is prescribed in combination with other forms of treatment such as psychotherapy.

[NAMI information on Medication](#)

**Complementary Health Approaches** are natural treatments that may lessen or eliminate symptoms of mental illness but are unapproved by the FDA.

[NAMI information on Complementary Health Approach. The National Center for Complementary & Integrative Health](#)

**ECT, TMS, and Other Brain Stimulation Therapies** are brain stimulation techniques commonly used by psychiatrist to relieve symptoms of depression or other mental health conditions.

NAMI information on

[NAMI Information on ECT, TMS, and Other Brain Stimulation Therapies](#)

### References

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