

PSST ... IT'S OK TO TALK ABOUT

MENTAL ILLNESS IN SAN DIEGO

BY CATHRYN
NACARIO, RN, MHA

MENTAL ILLNESS. It's a condition that's been hidden in the closet, marginalized, denied, pushed aside, laughed at, misunderstood, and feared. Yet it's also one of the most commonly experienced illnesses around, and – by the way – it's also treatable.

First, let's look at the statistics. Approximately 58 million folks in the United States live with mental illness – that's one in five of us. If we look at this on a local level, close to 750,000 people in San Diego County have mental illness. That's enough to fill the former San Diego Chargers' stadium 10 times over, and represents 22 percent of the county's population.

A 2013 San Diego County Health and Human Services report calculated that more than half of adults were unable to work for more than eight days due to mental problems. This is in standing with the World Health Organization that estimates mental illness costs the global economy \$1 trillion in lost productivity annually.

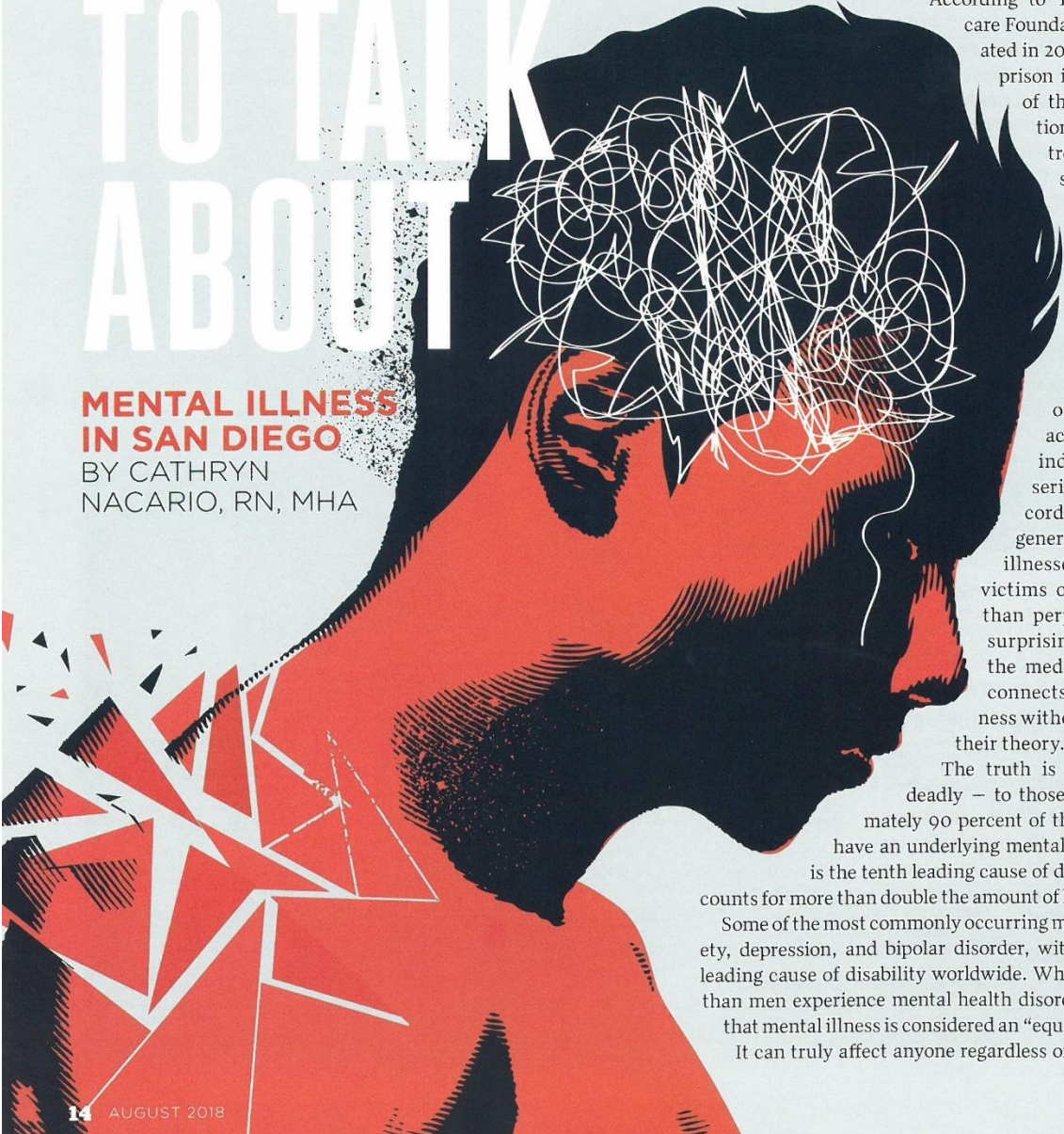
According to The California Health-care Foundation, of those incarcerated in 2015, 38 percent of female prison inmates and 23 percent of the male prison population received mental health treatment. It has been said that the prisons and jails have become the de facto mental health facilities in our state and nation.

However, keep in mind that most people with mental illness are not violent. In fact, only 3–5% of violent acts can be attributed to individuals living with a serious mental illness. According to the U.S. surgeon general, people with mental illnesses are more likely to be victims of violent crime rather than perpetrators. This fact is surprising to many people since the media often automatically connects violence to mental illness without evidence to support their theory.

The truth is mental illness can be deadly – to those who have it. Approximately 90 percent of those who die by suicide have an underlying mental illness. In fact, suicide is the tenth leading cause of death in the U.S. and accounts for more than double the amount of lives lost to homicide.

Some of the most commonly occurring mental illnesses are anxiety, depression, and bipolar disorder, with depression being the leading cause of disability worldwide. While overall more women than men experience mental health disorders, it should be noted that mental illness is considered an "equal opportunity disease."

It can truly affect anyone regardless of age, gender, race, reli-



gion, or income level, and the statistics bear this out. While more than a quarter of people in homeless shelters have mental illness, more than 50 percent of U.S. college students report feeling lonely and hopeless, and one in every 12 makes a suicide plan, according to national data on campus suicide and depression.

Speaking of young people, 50 percent of all cases of mental illness begin by age 14 and 75 percent begin by age 24. There is an average of a 10-year gap in experiencing symptoms and seeking and receiving treatment. Only 44 percent of adults with diagnosable mental health problems and less than 20 percent of children and adolescents receive treatment.

A mental illness of any kind can, by definition, affect a person's thinking, feeling, moods, ability to relate to others, and capacity for dealing with the ordinary demands of daily living. At the National Alliance on Mental Illness (NAMI San Diego), educators describe mental illness as a biological brain disorder. Just as diabetes is a disorder of the pancreas, the organ affected by mental illness is the brain. And, like diabetes or high blood pressure or cancer, it is nothing to be ashamed of.

Yet what mental illness is not is just as important as what it is, according to NAMI San Diego. Mental illness is not the result of a personal weakness and it doesn't come from a lack of character, intelligence, or integrity. It is a biological illness that affects many parts of a person's life, but cannot be cured by willpower. If it could be, this disease would likely be wiped off the face of the earth in a matter of minutes. Unfortunately, it's not that easy.

However, after all those negative statistics, here's a more positive number: 80 to 90 percent of those who do seek and receive treatment for their mental illness see improvement with their symptoms. It's not always cut and dried, and there can be much trial and error with treatment options and medications. However, mental illness is ultimately treatable — and living in recovery is possible.

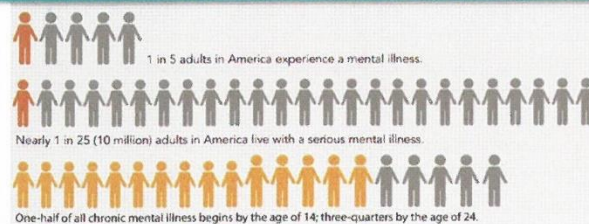
And what exactly is recovery in regard to mental illness? It is different from more straightforward types of healing. For example, when a broken leg is treated and the patient recovers, there is no more broken leg. We consider this patient to be recovered. Yet with mental illness, NAMI San Diego defines recovery as more of a fluid process. It's the experience of moving through and beyond the limitations of one's disorder. It is living well with what we've got and it is a journey rather than just a destination.

So, if mental illness is so common, and if it is an illness like any other and it is treatable, then why is it so difficult to talk about? In one word: stigma. That bitter mark of disgrace or infamy; a stain or reproach on one's reputation. The disapproval and shame felt by people exhibiting characteristics that society considers wrong or unusual. A disapproving label, a rejected stereotype, marginalization. A strong lack of respect for a person or group of people. Sounds awful, doesn't it? So while we don't do this as much with other diseases, mental illness takes the brunt of the stigmatization. But why?

Our experiences, training, conditioning, and even professional biases are a common part of not only being a caregiver, but a human being. Stigma is embedded in even seemingly benign descriptors we use for people. The schizophrenic in room two. The bipolar in the lobby. The list goes on. While it is a longer sentence, stating that he is a person who has schizophrenia or she experiences bipolar disorder puts the person first and not their disorder.

Mental Health Facts IN AMERICA

Fact: 43.8 million adults experience mental illness in a given year.



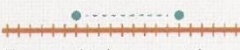
Impact

50%



50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.¹

10 yrs



The average delay between onset of symptoms and intervention is 8-10 years.¹

37%



37% of students with a mental health condition age 14 and older drop out of school—the highest dropout rate of any disability group.¹

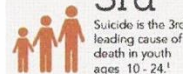
70%



70% of youth in state and local juvenile justice systems have a mental illness.¹

Suicide

3rd



Suicide is the 3rd leading cause of death in youth ages 10 - 24.¹



90% 90% of those who died by suicide had an underlying mental illness.¹

Mental Health Facts CHILDREN & TEENS

Fact: 1 in 5 children ages 13-18 have, or will have a serious mental illness.¹



20% of youth ages 13-18 live with a mental health condition¹



11% of youth have a mood disorder¹



10% of youth have a behavior or conduct disorder¹



8% of youth have an anxiety disorder¹

Person-first language is one small but significant change that can be made to overcome stigma on a daily basis.

When individuals are called by their own name and not their disease, it is empowering. When they are recognized as experiencing suffering but are not defined by it, it is life-giving. When misconceptions or negative generalizations are left by the wayside, light can shine through the marks of disgrace, shrinking the stains of reproach. It's actually pretty easy to do by simply recognizing folks with mental illness (or any type of disease) as people first.

Mental illness may not be as comprehensible as other ailments or conditions because we don't yet understand everything there is to know about the brain nor the interaction of brain and body. But we do know that when the brain is affected, just about everything else can be too. This is why you might see patients with underlying mental health challenges presenting in your office with

MENTAL HEALTH

complaints of fatigue, chronic pain, headaches, upset stomach, appetite changes, insomnia, tics and twitches, chronic sinusitis (studies have linked it to depression), stress-related skin irritations, cavities (often exacerbated by dry mouth caused by psychiatric medication), and adrenaline rush from anxiety that can often mimic symptoms of a heart attack.

While psychiatric medications have vastly improved over time, side effects such as obesity and diabetes are all too common. For example, around 25 percent of candidates for weight loss surgery have a mood disorder. While it can be easy to look at a person who seems unmotivated to exercise or lose weight as lazy or careless, a deeper dive may very well reveal that the patient is either struggling with an undiagnosed mental health challenge or experiencing a common side effect from a medication that may actually be helping their mood, but hurting their body. Treatment for mental illness is necessary and often successful but almost always tricky too.

Another aspect of mental illness that is hard for practitioners, friends, and family members alike to understand is the phenomenon of people who have a diagnosed mental illness not being medication compliant. Why on earth would a person go off their medication if it helps them? Within the question lies the answer: they feel better often without realizing it's the medication that has helped them do so, and figure they don't need to take it anymore.

The aforementioned negative side effects of psychiatric medication are also a deterrent to being compliant. Yes, the medication might help a person's mood level out, but often at the cost of sexual dysfunction, weight problems, blood pressure fluctuations, rashes, fatigue, and many other unpleasant experiences that range from annoying to unbearable.

However, many people who do take psychiatric medications realize that trial and error is a part of getting their "cocktail" of medicine fine-tuned enough to work with their individual chemistry and condition. Yet knowing even when that happens, it is rarely set in stone. Flexibility is crucial for both peers and loved ones alike when it comes to a treatment plan.

Interestingly enough, there is a life cycle to mental illness,

although, as one might guess, it's not linear. A person can zigzag from crisis mode to stabilization and then relapse and repeat the process in a whole different order. The mental health system is difficult to navigate even in the best circumstances, let alone when a person – and their loved ones – finds themselves in a crisis situation. Fortunately, there's an app for that.

Known as San Diego's Voice on Mental Illness, NAMI San Diego has developed a mobile app called oscER, which stands for "online support companion in an emergency situation." Both oscER and the companion app for children, oscER Jr, can be downloaded in your phone's app store or online from a home computer at www.namisaniego.org.

Information pertaining to mental health resources in San Diego County is at your fingertips with oscER. There are easy-to-navigate sections on what to do before, during and after a crisis, complete with answers to questions like what's a 5150 or 5250? What are different mental health diagnoses? What's my loved one experiencing? What can I do to help? There are resources for everything from local legal services to urgent walk-in centers and where to find education and support.

In addition to the app, NAMI San Diego offers support, education and advocacy services free of charge to everyone affected by mental illness, which is really all of us in one way or the other, either by having it or knowing someone who does. One of the unique things about NAMI San Diego is that it understands there is a rotating life cycle to mental illness and offers numerous programs at every stage to help, even the stage of prevention.

"Everything we do at NAMI San Diego is to make mental illness OK to talk about," says Julie Benn, communications specialist for NAMI San Diego. "Because if it's OK to talk about, then it is OK to learn about, recognize signs and symptoms, and to ultimately get help. But none of that can happen if we don't get the conversation started and keep it going. Our programs are specifically designed with that goal in mind."

What began as a small group of concerned parents of adult children with mental illness meeting around a San Diego kitchen table 40 years ago has grown into a nonprofit organization with almost 1,000 affiliates located throughout every state in the nation. The flagship programs include comprehensive education and resources for family members and peers as well as stigma-busting presentations, programs to help folks reengage in their lives after hospitalizations, support groups, family and community outreach, faith-based trainings, peer and family support specialist programs, business education and much more.

In celebration of their 40th birthday this year, NAMI San Diego is holding a very special Color Ball and Inspiration Awards on Oct. 11, 2018 at the San Diego Natural History Museum. This annual fundraiser honors people and organizations that have made a positive difference in our communities in regard to mental wellness and, yes, making it OK to talk about. It is the second largest fundraiser for the organization next to the NAMI Walk, which is held every spring.

For a full list of NAMI San Diego services, and information on the upcoming Color Ball "Night at the Nat," please visit www.namisaniego.org. **SDP**

Cathryn Nacario is the chief executive officer of the National Alliance on Mental Illness San Diego.

