“\nI thought I was the only one who was feeling this way, I had no idea the things I was going through were symptoms of PTSD. When I learned what was happening to me, it was easier to stop drinking.”

— SHONDA M., customer service representative, person in recovery from PTSD and Alcohol Use Disorder
Questions to get us started:

What are some common symptoms of mental illness?
What are some common types of mental illness?
What are some positive things people can do to manage their symptoms?
Have you experienced negative attitudes about mental illness from other people?
Do you yourself have negative attitudes about people with mental illness?
What resources do you have if you are discriminated against?

We will cover 6 topics in this Module:

**Topic 1:**
Understanding the Diagnosis, Cause, and Course of Mental Illness

**Topic 2:**
Practical Facts about Schizophrenia and Schizoaffective Disorder

**Topic 3:**
Practical Facts about Bipolar Disorder and Depression (Mood Disorders)

**Topic 4:**
Practical Facts about Posttraumatic Stress Disorder (PTSD)

**Topic 5:**
Taking Positive Steps to Manage Mental Illness

**Topic 6:**
Dealing with Negative Attitudes and Beliefs about Mental Illnesses (Stigma)

Reminder, set an Agenda:

Here is the format of each Enhanced IMR session:

1. Review the last session
2. Check in on
   - home practice
   - goals
   - substance use
   - symptoms
3. Learn information about a new topic
4. Summarize session and decide on home practice
Topic 1
Understanding the Diagnosis, Cause, and Course of Mental Illnesses

In today’s session, we will examine these seven subjects to better understand mental illness:

- How are mental illnesses diagnosed?
- Theories about what causes mental health symptoms
- Why might people get different diagnoses at different times?
- What are some important differences between schizophrenia-spectrum disorders and mood disorders?
- What is the course of mental illness? What happens after you first develop symptoms?
- People can experience more than one mental illness at the same time
- Substance use and mental illness

How are mental illnesses diagnosed?

No blood tests, X-rays, or brain scans can show a person has mental illness. Mental illnesses are diagnosed by a mental health professional who conducts a clinical interview. This is usually a medical doctor, but sometimes a nurse, psychologist, or social worker can perform the interview. The interviewer asks questions about symptoms the person may have experienced, how long symptoms were present if they have stopped, and whether they were drinking or using drugs when they had mental health symptoms. The interviewer also asks people how they are functioning in different areas of life, such as relationships, school, or work.

KEY POINT
Mental illnesses are diagnosed by a mental health professional who conducts a clinical interview.
Theories about what causes mental health symptoms

There are several theories about what causes mental health symptoms to develop, and more than one of these explanations may be correct. Research is still being done to understand the causes of mental illness. One theory receiving strong support says that both biological vulnerability and stress influence the development of mental health symptoms. Being vulnerable to something means we are more likely to be impacted or harmed by it.

Biological vulnerability means there is an increased chance a person will develop a physical or mental health disorder. For example, some people have a biological vulnerability to develop asthma or high blood pressure or diabetes. Sometimes certain illnesses tend to “run in the family,” and may have a partly genetic basis. Biological vulnerability could be partly passed down by one’s genes. Or, it may be influenced by other factors, either at birth (such as complications during pregnancy or delivery), or early in life (such as exposure to high levels of stress or trauma).

Stress refers to the pressure, strain, or tension people often feel when they are dealing with challenging situations or events. Stress can contribute to developing a mental illness, worsening mental health symptoms, and to increasing the chances of having a relapse.

People who have experienced higher levels of stress in childhood have a higher chance of developing a mental illness. There are several types of stressful, negative, or traumatic childhood experiences that can increase a person’s vulnerability to mental illness. Some examples include:

- poverty
- physical or sexual abuse
- neglect
- exposure to crime and violence
- separation from parents
- mental abuse

Research is underway to better understand the effects of negative experiences in childhood and how to help people recover from them.
Why might people get different diagnoses at different times?

After people develop symptoms of a psychiatric disorder, they usually get a diagnosis. You may receive different diagnoses at different times during your life. This may be confusing to you, and you may wonder why the diagnoses differed, and which diagnosis is correct. There are three main reasons why you may have received different psychiatric diagnoses:

1. The symptoms of many psychiatric disorders (schizophrenia, schizoaffective disorder, bipolar disorder, major depression, and posttraumatic stress disorder) overlap with each other, and it may not always be clear which symptoms are most serious and important.

2. Symptoms can change over time. Some symptoms may be severe and problematic at one point in time, but less severe at another time. Other symptoms may appear or become more problematic at a later point in time. This can lead to a change in the diagnosis.

3. Schizophrenia-spectrum disorders and mood disorders are especially likely to be confused and misdiagnosed.

What are some important differences between schizophrenia-spectrum disorders and mood disorders?

Schizophrenia and schizoaffective disorder are similar disorders. They are sometimes grouped together and called “schizophrenia-spectrum disorders.” Bipolar disorder and major depression are also similar disorders and are grouped together as “mood disorders.”

Here are some of the important differences between these disorders:

**Schizophrenia spectrum diagnoses**

- People with a diagnosis of schizophrenia-spectrum disorders have experienced some psychotic symptoms, such as hallucinations or false beliefs, when their mood is normal.

- People with schizoaffective disorder have experienced serious mood symptoms, such as depression or mania, for a significant period of time. This is the main difference between schizophrenia and schizoaffective disorder.

- People with schizophrenia may also experience these mood symptoms, but the symptoms are usually less severe, or have been present for a shorter length of time.
Mood Disorder Diagnoses

■ People with bipolar disorder experience symptoms of mania at some point in their lives, or a somewhat milder form of mania called “hypomania.”

■ People with major depression do not experience manic or hypomanic symptoms. They only experience depressive symptoms.

■ Most people with bipolar disorder also experience depressive symptoms at some time in their lives, but some do not.

■ People with mood disorders may also experience psychotic symptoms when their mood is depressed or manic. However, these psychotic symptoms go away when their mood is normal, unlike what happens for people with schizophrenia-spectrum disorders.

What is the course of mental illness? What happens after you first develop symptoms?

Mental illnesses usually develop between late adolescence and middle adulthood (between the ages of 17 and 45). However, people may develop these illnesses later in life, or earlier.

Mental illnesses affect people in different ways, including how often they have symptoms, how severe their symptoms are, and how much the disorder interferes with their lives. Symptoms may happen according to the range shown in the following descriptions:

■ Some people have a milder form of the illness and only have symptoms a few times in their lives.

■ Other people have several episodes and may require hospitalization.

■ Some people experience symptoms, but do not have severe episodes that require hospitalization.
When symptoms come back or get significantly worse, a person is usually said to have a “relapse,” a “return of symptoms,” or an “acute episode.” More information about relapses is provided in Module 10, Developing a Plan for Staying Well. The following strategies can help people avoid a relapse, or lessen the severity of a possible relapse:

- Taking medication to help reduce symptoms
- Learning coping strategies for stress
- Learning coping strategies for symptoms
- Identifying the early warning signs of a relapse
- Having a plan to respond to early warning signs of relapse
- Building relationships with supportive people
- Learning healthy lifestyle habits such as eating a healthy diet and exercising

*Everybody* with a mental illness is capable of coping with symptoms more effectively and leading a productive, meaningful life.

**Let’s Talk About It**

What has been your experience with the symptoms of mental illness?

Have you ever had a relapse of symptoms?

**KEY POINT**

Mental illnesses tend to be episodic, meaning symptoms come and go and vary in how intense they are.
People can experience more than one mental illness at the same time

People who have been diagnosed with one mental illness often experience another mental illness at the same time. A common example of this is a person with posttraumatic stress disorder (PTSD) and depression. There are several reasons why this can happen:

- Some disorders increase the chances of having another disorder. For example, people with PTSD often experience difficulties in their personal relationships, which may contribute to stress that puts them at a higher risk for developing depression.

- Symptoms of each disorder may overlap. For example, difficulty sleeping and staying focused are common symptoms of both PTSD and depression.

- The same root event or cause may contribute to developing more than one disorder. For example, people who experience a traumatic event are likely to experience depression, as well as the disruptions to their nervous systems that characterize PTSD.

It is important to remember that the diagnosis of a mental illness needs to be confirmed by a clinical interview. The interviewer will inquire carefully about all of the symptoms required for a diagnosis of mental illness.

Living with two mental illnesses can be more challenging and can cause more disruption in people’s lives. Also, one disorder can make symptoms worse for another disorder. However, there is definitely hope. Getting treatment for both mental illnesses at the same time can lead to a fuller recovery.

Substance use and mental illness

Many people who experience the symptoms of a mental illness have problems with substance use. The symptoms of one disorder may worsen symptoms of the other. Also, the symptoms of each disorder are impacted by many of the same things, such as biology and living environment.

You will learn more about how stress and biological vulnerability can influence mental illness and substance use problems in Module 5, Coping with Stress, and Module 3, Practical Facts about Substance Use Disorders.
Home Practice

Understanding the Diagnosis, Cause, and Course of Mental Illnesses

Choose one of the following options to practice or make one up.

**OPTION 1:**
Talk with someone you trust (such as a family member, friend, or staff member) about what you have learned in today’s session about mental illnesses and symptoms.

**OPTION 2:**
If you have received more than one diagnosis over time, make a list of those diagnoses.

Make a plan for home practice this week:

- What I will do
- When
- Where
- With whom

Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

- When
- Where
- With whom
Mental illnesses are diagnosed by a mental health professional who conducts a clinical interview.

Mental illnesses are not your fault.

Mental illnesses tend to be episodic, meaning symptoms come and go and vary in how intense they are.
Topic 2
Practical Facts about Schizophrenia and Schizoaffective Disorder

In today’s session, we will discuss these five subjects to help you understand more about schizophrenia and schizoaffective disorder:

💡 What are schizophrenia and schizoaffective disorder?

What are the symptoms of schizophrenia and schizoaffective disorder?

💡 Mood symptoms in schizoaffective disorder

💡 Substance use and schizophrenia and schizoaffective disorder

💡 Examples of people who have schizophrenia or schizoaffective disorder

What are schizophrenia and schizoaffective disorder?

Schizophrenia and schizoaffective disorder are psychiatric disorders that affect many people. Both disorders occur in every country, culture and racial group, and at every income level. Schizophrenia and schizoaffective disorder cause symptoms that can interfere with many aspects of people’s lives, especially their work and social lives.

Schizophrenia and schizoaffective disorder mainly affect one’s perceptions and thinking. Some symptoms make it difficult to know what’s real and what’s not real. These symptoms have been described as being similar to “dreaming when you are wide awake.” Other symptoms can cause problems with motivation, concentration, and experiencing enjoyment. The numbers below show how many people experience these disorders:

- About one in every one hundred people (1 percent) develops schizophrenia at some time in his or her life.
- About one in every two hundred people (0.5 percent) develops schizoaffective disorder at some time in his or her life.
Although the symptoms of schizophrenia and schizoaffective disorder can be challenging, it is important to note that there are many reasons to be optimistic:

- There are effective treatments for both disorders.
- People can learn to manage schizophrenia and schizoaffective disorder effectively.
- People with schizophrenia and schizoaffective disorder can lead productive and fulfilling lives.

The more you understand about your disorder, and the more active a role you take in your treatment, the better you will feel and the more you can accomplish toward achieving your life goals.

**What are the symptoms of schizophrenia and schizoaffective disorder?**

It is important to keep in mind that the symptoms of schizophrenia and schizoaffective disorder also occur in other mental disorders. A diagnosis is made based on a combination of:

- The pattern of symptoms
- How long symptoms have been present
- The severity of symptoms
- Symptoms that only occur when a person has used alcohol or other drugs are not included.
## Make It Your Own

**Psychosis symptoms in schizophrenia and schizoaffective disorder**

The list below describes psychosis symptoms in both schizophrenia and schizoaffective disorder. You will see a definition of each symptom and some examples of what different symptoms might look like.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hallucinations or False Perceptions:</strong> hearing voices that are not there</td>
<td>Hearing a voice that says you’re a bad person and that you should hurt yourself.</td>
</tr>
<tr>
<td><strong>Hallucinations:</strong> seeing things that other people don’t see</td>
<td>Seeing a lion standing in the doorway when nothing was there.</td>
</tr>
<tr>
<td><strong>Delusions or False Beliefs:</strong> feeling paranoid that people or organizations are against you or mean you harm</td>
<td>Believing that people are talking about you when they really are not.</td>
</tr>
<tr>
<td><strong>Delusions:</strong> believing that you are rich or powerful or have special powers when you don’t</td>
<td>Believing that you can read other people’s minds or predict the future when you cannot.</td>
</tr>
<tr>
<td><strong>Delusion:</strong> believing that things refer to you when they don’t</td>
<td>Believing that the person on the radio or TV or Internet is talking directly to you.</td>
</tr>
<tr>
<td><strong>Delusions:</strong> believing things that other people find strange or bizarre</td>
<td>Believing that others can read your thoughts or hear what you are thinking.</td>
</tr>
<tr>
<td><strong>Delusion:</strong> believing things that other people find strange or bizarre</td>
<td>Believing that you have a chip in your brain that is controlling your behavior.</td>
</tr>
<tr>
<td><strong>Thought Disorder or Confused Thinking:</strong> difficulty staying on topic; or talking or writing in a disorganized way that people find difficult to understand</td>
<td>Jumping from one loosely associated topic to another, making it hard for people to understand you.</td>
</tr>
<tr>
<td></td>
<td>Making up words or expressions.</td>
</tr>
<tr>
<td></td>
<td>Getting derailed while you are talking.</td>
</tr>
<tr>
<td></td>
<td>Having the experience of your thoughts being “blocked.”</td>
</tr>
</tbody>
</table>

---

### Let’s Talk About It

Which of these psychosis symptoms have you experienced? What was it like for you to experience these symptoms?
## Make It Your Own

### Other Symptoms or Problems Related to Schizophrenia or Schizoaffective Disorder

The table below describes other common symptoms or problem areas people with schizophrenia or schizoaffective disorder can experience. Review this list of symptoms with your E-IMR practitioner and discuss how these symptoms relate to your experiences.

<table>
<thead>
<tr>
<th>Symptom or Problem Area</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cognitive Difficulties:</strong> problems with thinking, concentration, memory, solving problems, and abstract reasoning</td>
<td>Having trouble concentrating on reading or watching TV.</td>
</tr>
<tr>
<td></td>
<td>Having difficulty remembering appointments or plans.</td>
</tr>
<tr>
<td><strong>Decline in Social Functioning:</strong> problems interacting with people at work, in relationships, or social activities</td>
<td>Feeling uncomfortable around other people.</td>
</tr>
<tr>
<td></td>
<td>Not wanting to spend as much time with people.</td>
</tr>
<tr>
<td><strong>Decline in Role Functioning:</strong> problems being able to fulfill important duties in your life (such as being a student, a worker, or parent)</td>
<td>Getting low grades instead of the usual high ones.</td>
</tr>
<tr>
<td></td>
<td>Having problems working.</td>
</tr>
<tr>
<td></td>
<td>Not being able to take care of a child as well as before.</td>
</tr>
<tr>
<td><strong>Disorganized Behavior:</strong> engaging in random or purposeless behavior</td>
<td>Spending the day moving all of the pots and pans from the kitchen to the bathroom, then back to the kitchen, and then doing it all over again.</td>
</tr>
<tr>
<td><strong>Catatonic Behavior:</strong> stopping movement or being nearly immobile for long periods of time</td>
<td>Sitting in the same chair for hours and hours, not moving a muscle, or even taking a drink of water.</td>
</tr>
<tr>
<td><strong>Negative Symptoms:</strong> problems being expressive in communication</td>
<td>Less facial expression.</td>
</tr>
<tr>
<td></td>
<td>Less expression in one’s voice.</td>
</tr>
<tr>
<td></td>
<td>Less use of gestures.</td>
</tr>
<tr>
<td><strong>Negative Symptoms:</strong> problems with experiencing pleasure or enjoyment</td>
<td>Not being interested in the things one used to be interested in.</td>
</tr>
<tr>
<td></td>
<td>Expecting that things will not be fun or enjoyable.</td>
</tr>
<tr>
<td></td>
<td>Experiencing less pleasure or enjoyment when doing things.</td>
</tr>
</tbody>
</table>

### Let’s Talk About It

Which of these symptoms or problem areas have you experienced? What was it like for you to experience those symptoms?
Mood symptoms in schizoaffective disorder

Schizoaffective disorder is similar to schizophrenia and includes the symptoms described earlier in this topic. However, people with schizoaffective disorder have also had significant periods of low moods (depression) and/or high moods (mania). It is these significant periods of mood problems in addition to psychotic symptoms (such as hallucinations and delusions) that distinguish schizoaffective disorder from schizophrenia.

Make It Your Own

Experiences with symptoms of depression in schizoaffective disorder

Review this list of symptoms with your E-IMR practitioner and discuss how these symptoms relate to your experiences.

<table>
<thead>
<tr>
<th>Symptom of Depression</th>
<th>I had an experience similar to this</th>
<th>Example of what happened and what it was like for me</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sad mood (feeling down, sad, or unhappy for no particular reason)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating too much or too little</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleeping too much or too little</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling tired or having low energy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoughts of helplessness, hopelessness, or worthlessness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling guilty for things that aren’t your fault</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicidal thoughts or behaviors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouble concentrating and making decisions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Let’s Talk About It

Which depression symptoms have you experienced? Which symptoms affected you the most? Were you able to talk to someone about what was happening at the time of the symptoms? If so, how was that helpful?
## Make It Your Own

Experiences with symptoms of mania in schizoaffective disorder

The table below describes the symptoms of mania people with schizoaffective disorder can experience. Review the list of symptoms with your E-IMR practitioner and discuss how these symptoms relate to your experiences.

<table>
<thead>
<tr>
<th>Symptom of Mania</th>
<th>I had an experience similar to this</th>
<th>Example of what happened and what it was like for me</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feelings of euphoria or extreme happiness for no particular reason</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling irritable or angered by even very slight things</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandiosity or feeling unrealistically self-confident</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased need for sleep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talking a lot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having racing thoughts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Becoming easily distracted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased goal-directed behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Making bad decisions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Substance use and schizophrenia and schizoaffective disorder

Sometimes people use substances when they experience symptoms of schizophrenia or schizoaffective disorder. They think it may make them feel better or help them cope with situations better. Or, people may use substances for other reasons, like to feel more comfortable around people or to deal with boredom. Unfortunately, using substances usually makes the symptoms of schizophrenia and schizoaffective disorder worse.

Examples of people who have schizophrenia or schizoaffective disorder

As explained at the start of this topic, people from all walks of life experience schizophrenia or schizoaffective disorder, regardless of economic class, where they live, or what their heritage is. The section below will introduce you to people with schizophrenia or schizoaffective disorder.

Let’s Talk About It

Have you ever used alcohol or other drugs to try coping with symptoms of schizophrenia or schizoaffective disorder?

If so, what happened?

Famous people with schizophrenia or schizoaffective disorder

**JOHN NASH** is an American mathematician who made discoveries in math that had very important applications in the field of economics. He won the Nobel Prize in Economics in 1994. His story is told in *A Beautiful Mind*, a book that was also made into a movie.

**LIONEL ALDRIDGE** was a professional football player who played a role in two Super Bowl wins. He played in the NFL for 11 years for the Green Bay Packers and the San Diego Chargers.
TOM HARRELL is a musician who has been named jazz trumpeter of the year three times by Downbeat magazine and was nominated for a Grammy award. He has recorded over 20 CDs.

ELYN SAKS is a professor at the University of Southern California Law School and a 2009 recipient of a MacArthur Foundation fellowship (sometimes called “the genius grant”). She wrote about her experiences with schizophrenia in the book *The Center Cannot Hold*.

WILLIAM CHESTER MINOR (1834–1920) was an American Army surgeon who had vast knowledge of the English language and literature. He made major contributions to the *Oxford English Dictionary*, the most comprehensive dictionary in the world.

VASLAV NIJINSKY (1890–1950) was a Russian dancer who is legendary because of his physical strength, light movements, and expressive body language. He is especially remembered for a dance piece called “Afternoon of a Faun.”

Other people with schizophrenia or schizoaffective disorder

Here are just a few other people who have had schizophrenia or schizoaffective disorder. They are not famous, but they are quietly leading productive, creative, and meaningful lives:

ALEX works in an art supply store. He has a close relationship with his two brothers and goes bowling with them regularly. He likes to draw and plans to take an evening art class in the coming year.

MARGO is married and has two children in elementary school. She participates in the home and school association and enjoys gardening.

MARTIN lives with roommates and volunteers at the zoo. He is looking for paid employment. He used to need frequent hospitalizations, but has not been in the hospital in several years.

LORENZO is a junior in college. He is majoring in library science and works part-time at the campus library. He likes watching movies and playing video games with friends. His goal is to get a job as a librarian when he graduates.

Let’s Talk About It

Do you know other people with schizophrenia or schizoaffective disorder? If so, what are some examples of their personal strengths?
Home Practice

Practical Facts about Schizophrenia and Schizoaffective Disorder

Choose one of the following options to practice or make one up.

**OPTION 1:**
Talk with someone you trust (such as a family member, friend, or staff member) about schizophrenia or schizoaffective disorder; or your experience with the symptoms of either.

**OPTION 2:**
If you have experienced any of the symptoms of schizophrenia or schizoaffective disorder recently, keep track of your symptoms over the next week.

Make a plan for home practice this week:

<table>
<thead>
<tr>
<th>What I will do</th>
<th>When</th>
<th>Where</th>
<th>With whom</th>
</tr>
</thead>
</table>

Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

<table>
<thead>
<tr>
<th>When</th>
<th>Where</th>
<th>With whom</th>
</tr>
</thead>
</table>

The step I will work on

<table>
<thead>
<tr>
<th>When</th>
<th>Where</th>
<th>With whom</th>
</tr>
</thead>
</table>
KEY POINTS • Topic 2

Practical Facts about Schizophrenia and Schizoaffective Disorder

Schizophrenia and schizoaffective disorder are psychiatric disorders that affect many aspects of a person’s life.

People can learn how to manage the symptoms of schizophrenia or schizoaffective disorder and lead productive and fulfilling lives.

There are countless examples of people with schizophrenia and schizoaffective disorder who have contributed to society.
Topic 3
Practical Facts about Bipolar Disorder and Depression (Mood Disorders)

In today’s session, we will learn about mood disorders by examining the following eight subjects:

- Introducing mood disorders (bipolar disorder and depression)
- What is depression?
- What are the symptoms of depression?
- What is bipolar disorder?
- What are the symptoms of bipolar disorder?
- What are psychotic symptoms?
- Substance use and mood disorders
- Examples of people who have mood disorders

Let’s Talk About It

What do you know about depression and bipolar disorder?
Introducing mood disorders (*bipolar disorder and depression*)

Mood disorders include several different diagnoses. Mood disorders occur in every country, culture and racial group, and at every income level. The most common mood disorders are bipolar disorder and depression. We will describe each of these mood disorders in this module.

Although the symptoms of a mood disorder can be challenging, it is important to note that there are many reasons to be optimistic:

- There are effective treatments for mood disorders.
- People can learn to manage their mood disorders effectively.

The more you understand about your mood disorder, and the more active a role you take in your treatment, the better you will feel and the more you can accomplish toward achieving your life goals.

What is depression?

Depression is one of the most common psychiatric disorders. About ten to fifteen individuals in every one hundred people (10–15 percent) develop depression at some time in their lives. Depression causes people to have extremely low moods, when they feel very sad or “blue.” It can also cause appetite and sleep problems, as well as a reduced energy level.

**KEY POINT**

About 10–15 of every 100 people (10–15%) develop depression at some point in their lives.

What are the symptoms of depression?

People with depression often experience extremely low moods. The table below describes some common symptoms of depression. You will see a definition of each symptom along with an example.
### Make It Your Own

#### Symptoms of Depression

People with depression often experience extremely low moods. The table below describes some common symptoms of depression. You will see a definition of each symptom along with an example of what it might look like. Review this list with your E-IMR practitioner and note any depression symptoms you have experienced.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sad mood</td>
<td>Feeling down, empty, or unhappy for no particular reason.</td>
</tr>
<tr>
<td>Significantly less pleasure in activities</td>
<td>Losing interest doing things with friends or playing sports.</td>
</tr>
<tr>
<td>Eating too much or too little</td>
<td>Losing all interest in food and losing weight.</td>
</tr>
<tr>
<td></td>
<td>Overeating and eating twice as much as usual for a meal.</td>
</tr>
<tr>
<td>Sleeping too much or too little</td>
<td>Trouble falling asleep. Laying awake for hours.</td>
</tr>
<tr>
<td></td>
<td>Spending half of the day or more sleeping.</td>
</tr>
<tr>
<td>Change in activity level</td>
<td>Feeling either slowed down or restless and agitated.</td>
</tr>
<tr>
<td>Feeling tired or having low energy</td>
<td>Feeling like everything takes a lot of effort.</td>
</tr>
<tr>
<td></td>
<td>Trying to do something around the house and feeling exhausted after 5 minutes.</td>
</tr>
<tr>
<td>Feelings of helplessness, hopelessness, or worthlessness</td>
<td>Feeling down whenever you think about the future because nothing seems like it will work out.</td>
</tr>
<tr>
<td>Feeling guilty for things that aren’t your fault</td>
<td>Feeling responsible for everything that happens.</td>
</tr>
<tr>
<td></td>
<td>Blaming yourself for everything.</td>
</tr>
<tr>
<td>Problems with concentration and making decisions</td>
<td>Feeling like you can’t stay focused on work, reading, or whatever you are trying to do.</td>
</tr>
<tr>
<td></td>
<td>Feeling like you don’t know what to do; taking a long time to make decisions.</td>
</tr>
<tr>
<td>Suicidal thoughts or actions</td>
<td>Thinking about death a lot or methods of suicide.</td>
</tr>
</tbody>
</table>

#### Let’s Talk About It

Have you ever experienced any of these symptoms of depression? If yes, which ones? What was it like for you to experience those symptoms?
What is bipolar disorder?

Bipolar disorder is a psychiatric disorder that affects many people. About one in every one hundred people (1 percent) develops the disorder at some time in his or her life.

Bipolar disorder causes symptoms that can interfere with many aspects of people’s lives, including their work and social lives. Some of the symptoms cause severe mood swings, ranging from the highest of highs (mania) to the lowest of lows (depression). Other symptoms of bipolar disorder make it difficult to know what’s real and what’s not real (psychotic symptoms).

What are the symptoms of bipolar disorder?

The main symptoms of bipolar disorder are depression (extremely low moods) and mania (extremely high moods). We discussed the symptoms of depression in a previous section of this module. We will now review the symptoms of mania. You may recognize some of the symptoms of mania described in the following table.

KEY POINT

One in every one hundred people (1%) develops bipolar disorder at some point in his or her life.
# Make It Your Own

## Symptoms of Mania

The table below describes the symptoms of mania. You will see a definition of each symptom along with some examples of what these symptoms might look like. Review each symptom, and discuss your experiences with your E-IMR practitioner.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feelings of euphoria or extreme happiness</td>
<td>Feeling so happy that you believed everybody loved and worshiped you.</td>
</tr>
<tr>
<td>Extra high self-esteem and self-confidence</td>
<td>Being sure that you can write a screenplay that Steven Spielberg will produce, in spite of never having written one before.</td>
</tr>
<tr>
<td>Not needing as much sleep</td>
<td>Waking up after 3 hours feeling ready to go, when you ordinarily need 8 hours of sleep.</td>
</tr>
<tr>
<td>Talking a lot, or pressured speech</td>
<td>Talking really fast about a lot of topics, not really noticing if the other person is listening.</td>
</tr>
<tr>
<td>Having racing thoughts or flights of ideas</td>
<td>Feeling that your thoughts are racing and you can hardly keep up with them.</td>
</tr>
<tr>
<td>Becoming easily distracted</td>
<td>Not being able to focus in class because you are distracted by your ideas for a new invention.</td>
</tr>
<tr>
<td>Increase in activity or goal-directed behavior</td>
<td>Working fifteen to twenty hours a day on writing music because you are convinced you will make a million dollars from your songs.</td>
</tr>
<tr>
<td>Making bad decisions, or getting involved in activities that have a high potential for painful consequences</td>
<td>Spending a lot when you have no money; having unsafe sex; or, engaging in risky sports without training or precautions.</td>
</tr>
<tr>
<td>Irritability</td>
<td>Feeling touchy, like everything is getting on your nerves.</td>
</tr>
</tbody>
</table>

## Let's Talk About It

Have you ever experienced any of these symptoms of mania? If yes, which ones? What was it like for you to experience those symptoms?
What are psychotic symptoms?

Sometimes people with depression or bipolar disorder may also have psychotic symptoms. Psychotic symptoms happen when a person has difficulty distinguishing what is real from what is not real. Here are some examples of psychotic symptoms:

- **Hallucinations**—hearing, seeing, feeling, or smelling something that is not actually there. What it might be like:
  
  “I heard different kinds of voices. Sometimes the voices were okay. They just made comments like, ‘now you’re eating lunch.’ But sometimes the voices said things like, ‘You’re stupid; no one wants to be friends with such a loser.’ Or, they said scary things about other people, like ‘He has a knife and wants to kill you.’”

- **Delusions**—having very unusual or unrealistic beliefs that are not shared by others in your culture or religion. What it might be like:
  
  “I was convinced that I had special mental powers that could stop missiles in their tracks. I thought the FBI was after me because they wanted to control these powers. I even thought the TV was talking about this.”

- **Thought disorder**—experiencing confused thinking. What it might be like:
  
  “I used to try to tell my sister what I was thinking, but I would jump from topic to topic, and she told me she had no idea what I was talking about.”

**Let’s Talk About It**

Have you ever experienced any of these psychotic symptoms?

If yes, which ones? What was it like for you to experience those symptoms?
Substance use and mood disorders

Sometimes people use alcohol or other drugs when they experience symptoms of depression or bipolar disorder. They think it may make them feel better, or help them cope with situations better. People may also use substances for other reasons, like to feel more comfortable around people or to sleep better. Unfortunately, using substances usually makes the symptoms of depression and mania worse. Drugs and alcohol also make symptoms of psychosis worse.

Examples of people who have mood disorders

Just like other mental illnesses, people from all walks of life experience mood disorders, regardless of economic class, where they live, or what their heritage is. The section below will introduce you to people with mood disorders.

Famous people with mood disorders

**Patty Duke** (1946–2016) is an American actor who had her own television series and has starred in movies, including *The Miracle Worker*. She also had a singing and writing career.

**Robert Boorstin** was a special assistant to President Clinton. His work was highly valued in the White House.

**Vincent Van Gogh** (1853–1890) is one of the most famous painters who ever lived.

**Demi Lovato** is an actor and singer who has had top singles on the Billboard charts. She has received awards including an MTV Music Award, Teen Choice Award, and a Grammy Award nomination.

**Carrie Fisher** (1956–2016) was an American actor who starred in movies, including *Star Wars*; a stage actor who appeared in plays, including *Wishful Drinking*; and an author of books, including *Postcards From the Edge*.

...Let's Talk About It

Have you ever used alcohol or other drugs to try coping with symptoms of depression, mania, or psychosis?

If so, what happened?
Patrick Kennedy is a United States congresswoman who took the fight for mental illness parity to Capitol Hill.

Jane Pauley is an American television journalist who has been involved in news reporting since 1975.

Billy Joel is a singer, songwriter, and a pianist who has won 6 Grammys and is in the Rock and Roll Hall of Fame.

Winston Churchill was the Prime Minister of England during World War II and led his country to victory.

Mike Wallace is an American television journalist well known for conducting interviews on the TV show 60 Minutes.

Other people with mood disorders
Here are just a few other people who have had mood disorders. They are not famous, but they are quietly leading productive, creative, and meaningful lives:

Ms. Thomas is an attorney in a large law firm and is active in her church.

Mr. Yao teaches in an elementary school. He is married and is expecting his first child.

Mr. Gomez is actively looking for work. He used to need frequent hospitalizations, but has successfully stayed out of the hospital for three years.
Home Practice

Bipolar Disorder and Depression

Choose one of the following options to practice or make one up.

**OPTION 1:** Talk with someone you trust about what you have learned about depression or bipolar disorder; or about your experience with the symptoms of depression or bipolar disorder.

**OPTION 2:** If you have experienced any of the symptoms of depression or bipolar disorder, try tracking your symptoms over the next week. You can add to the tables of symptoms you filled out in today’s session and write down the dates you experience symptoms.

Make a plan for home practice this week:

- What you will do
- When
- Where
- With whom

Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

- When
- Where
- With whom

The step I will work on

With whom
KEY POINTS • Topic 3

Practical Facts about Bipolar Disorder and Depression

About 10–15 of every 100 people (10–15%) develop depression at some point in their lives.

One in every one hundred people (1%) develops bipolar disorder at some point in his or her life.

Depression and mania can affect many areas of a person’s life including mood, thinking, and activity level.

People can learn how to manage the symptoms of depression and bipolar disorder and lead productive and fulfilling lives.
Topic 4
Practical Facts about Posttraumatic Stress Disorder (PTSD)

In this session, we will continue to learn more about mental illness in the following five subjects about posttraumatic stress disorder (PTSD):

What is posttraumatic stress disorder (PTSD)?

What are the symptoms of PTSD?

What is the course of symptoms in PTSD?

PTSD and substance use

Examples of people who have PTSD

What is posttraumatic stress disorder (PTSD)?

Posttraumatic stress disorder (PTSD) is a relatively common disorder that can occur after someone has experienced or seen an extremely distressing event. Examples of events that can lead to PTSD include:

- childhood physical or sexual abuse
- being physically or sexually assaulted as an adult
- witnessing the death or serious injury of another person
- being threatened or chased by another person (or people)
- a bad accident
- a natural disaster, such as a hurricane, flood, or earthquake
- direct exposure to mass violence, such as being present during a terrorist attack
- military combat

KEY POINT
Approximately 5–10 in every one hundred people (5–10%) develop posttraumatic stress disorder at some point in their life.
Some people develop PTSD after experiencing or seeing a single event. When people are exposed to more traumatic events, they are even more likely to develop PTSD.

Being exposed to a traumatic event is upsetting to almost everyone, and can lead to distressing symptoms. For many people the symptoms gradually go away, perhaps one or two months after the event. For other people, however, the symptoms do not go away, and they can actually get worse over time. PTSD is diagnosed when distressing symptoms related to a traumatic event (or more than one event) persist more than a month after the event occurred.

It’s important to know that PTSD rates are very high in people with another mental illness, such as schizophrenia, depression, or bipolar disorder. The rates of PTSD are also very high in people with a substance use disorder. So, if you have PTSD and another mental health problem, remember that you are not alone.

Although the symptoms of PTSD can be challenging, there are many reasons to be optimistic:

- There are effective treatments for PTSD.
- People can learn to manage their PTSD effectively.

The more you understand about posttraumatic stress disorder, and the more active a role you take in your treatment, the better you will feel, and the more you can accomplish toward achieving your life goals.
# Make It Your Own

## Symptoms of Posttraumatic Stress Disorder (PTSD)

The table below describes symptoms of posttraumatic stress disorder. You will see a definition of each symptom along with examples of what it might look like. Review the PTSD symptoms in the table below and discuss your experiences with your E-IMR practitioner. Place a mark next to the symptoms you have experienced.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intrusive memories of traumatic event</td>
<td>Unwanted and unexpected memories or images of the traumatic event (or events).</td>
</tr>
<tr>
<td>Nightmares</td>
<td>Repeated dreams or nightmares related to the event.</td>
</tr>
<tr>
<td>Flashbacks</td>
<td>Suddenly feeling as if the event were happening to you again.</td>
</tr>
<tr>
<td>Physical reactions when reminded of the event</td>
<td>Heart pounding, sweating, breathing fast when something reminds you of the event.</td>
</tr>
<tr>
<td>Avoiding situations</td>
<td>Trying to avoid people, places, or activities that remind you of the event.</td>
</tr>
<tr>
<td>Avoiding thoughts or feelings</td>
<td>Trying to avoid thoughts or feelings that might remind you of the event.</td>
</tr>
<tr>
<td>Numbness</td>
<td>Feeling detached or distant from other people.</td>
</tr>
<tr>
<td>Lack of positive emotions</td>
<td>Difficulty experiencing positive feelings, such as affection for a loved one.</td>
</tr>
<tr>
<td>Sleep problems</td>
<td>Putting off going to sleep, or having difficulty falling asleep.</td>
</tr>
<tr>
<td>Irritability or anger</td>
<td>Feeling irritable or angry much of the time; being easily triggered by minor events.</td>
</tr>
<tr>
<td>Hypervigilance</td>
<td>Always being super-alert and never letting your guard down.</td>
</tr>
<tr>
<td>Exaggerated startle response</td>
<td>Feeling jumpy and being easily startled by unexpected things, such a sound or someone touching you.</td>
</tr>
<tr>
<td>Blame</td>
<td>Blaming yourself for what happened.</td>
</tr>
<tr>
<td>Strong negative feelings</td>
<td>Frequent feelings of fear, anger, guilt, or shame.</td>
</tr>
</tbody>
</table>

---

**Let's Talk About It**  
Have you ever experienced any symptoms of posttraumatic stress disorder? If yes, which ones? What was it like for you to experience those symptoms?
What is the course of symptoms in posttraumatic stress disorder (PTSD)?

The symptoms of PTSD can vary over time in their severity, the distress they cause, and how much they interfere with people’s lives. The person may experience fewer or milder PTSD symptoms during some periods of time. For example, they may only feel distress when something reminds them of the traumatic event. At other times, they may experience more PTSD symptoms, such as being bombarded by memories of the event despite trying to avoid anything that might trigger such memories. For other people, the symptoms of PTSD are more stable over time. When symptoms are more distressing they often interfere with daily activities, including work or school.

PTSD is highly treatable and can go away completely in a significant number of people who get appropriate treatment. If you have symptoms of PTSD that interfere with your well-being, it is important to seek specialized treatment for it. It could make a big difference in your life.

Posttraumatic stress disorder (PTSD) and substance use

People with PTSD often use substances to cope with PTSD symptoms, such as difficulty sleeping or feeling jumpy. They think it may make them feel better. Or, people may use substances for other reasons, like to deal with anxiety or to have something to do with friends. Unfortunately, drinking and using drugs makes the symptoms of PTSD worse.

Examples of people who have posttraumatic stress disorder (PTSD)

People from all walks of life may experience PTSD, regardless of economic class, where they live, or what their heritage is. The section below will introduce you to people who have experienced PTSD.
Famous people with PTSD

**Whoopi Goldberg**, the famous actor, comedian, and talk show host, has spoken publicly about receiving therapy to help her overcome a serious fear of flying. As a child, she witnessed the midair collision of two airplanes.

**Monica Seles**, an accomplished professional tennis player, experienced PTSD following a 1993 attack during which she was stabbed as she played in a tennis match. In her autobiography, *Getting a Grip*, she writes about her struggles with binge eating and coping with trauma in order to return to playing tennis.

**Mick Jagger**, lead singer of the band The Rolling Stones, developed PTSD following the suicide of his girlfriend, L’Wren Scott. To allow him time to recover, and prevent symptoms from worsening, his doctors recommended delaying an upcoming tour for at least 30 days.

**Darrell Hammond**, a well-known performer on Saturday Night Live, has been a public advocate for treatment of substance use disorder and for recovery. He has also shared his experience with self-harming and PTSD stemming from childhood abuse.

**Lady Gaga**, the popular singer known for her live performances, has been a vocal advocate for victims of sexual abuse and assault. She has also spoken about ongoing struggles with PTSD after being sexually assaulted as a teenager.

Other people with PTSD

Here are just a few examples of other people who have PTSD. They are not famous, but they are leading productive, creative, and meaningful lives.

**Daniel** is a veteran of the Iraq war who owns a local hardware store. He has two children and coaches his son’s soccer team.

**Aisha** is a hair stylist in a busy salon. She is very active in her church and sings in the choir.

**Jayden** is attending community college, where he is majoring in computer science. He works part-time at a convenience store to help support himself through college.

**Isabella** is a kindergarten teacher who has three adult children and one grandchild. She is planning to retire in five years. She and her husband plan to visit the national parks together.
Home Practice

Practical Facts about Posttraumatic Stress Disorder (PTSD)

Choose one of the following options to practice or make one up.

**OPTION 1:**
Talk with someone you trust about what you have learned about PTSD, or your experience with the symptoms of PTSD.

**OPTION 2:**
If you have experienced symptoms of PTSD, try keeping track of your symptoms over the next week. Use the tables you filled out during this session to record dates you experience symptoms.

Make a plan for home practice this week:

- What you will do
- When
- Where
- With whom

Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

- Which step you will work on
- When
- Where
- With whom
KEY POINTS • Topic 4

Practical Facts about Posttraumatic Stress Disorder

Approximately 5–10 in every one hundred people (5–10%) develop posttraumatic stress disorder at some point in their life.

People can learn how to manage the symptoms of posttraumatic stress disorder and lead productive and fulfilling lives.

Symptoms of posttraumatic stress disorder can affect a person’s behavior, mood, physical sensations, and thinking.
Topic 5
Taking Positive Steps to Manage Mental Illness

By reading this module, you are taking an important recovery step: you are learning practical facts about mental illnesses. Knowledge empowers you and keeps you in the driver’s seat of your own life.

There are several other important steps you can take to manage symptoms of a mental illness. In today’s session, we will discuss these steps to help you create a plan to manage your symptoms.

KEY POINT
What you do makes a difference in your recovery. There are steps you can take to manage mental illness effectively.
Make It Your Own
Taking Positive Steps to Manage Mental Illness

As you read the list below, mark the steps you are already taking, as well as the ones you would like to develop further, or try doing. Each of these steps will be covered in more detail in other modules of the E-IMR program.

<table>
<thead>
<tr>
<th>Step</th>
<th>I already do this</th>
<th>I would like to try this</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working on goals that are important to you, such as doing your job, going to school, and having friends and close relationships</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing stress in your life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building a social support network (friends and family)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using medication effectively</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoiding street drugs and alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developing and using a relapse prevention plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using strategies to cope with symptoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staying involved in a treatment program, and getting your needs met in the mental health system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using strategies to eat healthier and be more physically active</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Let’s Talk About It

Which steps would you like to develop further, or try doing?
Which step are you most interested in?
What could you do in the coming week to get started on this step?
Home Practice
Taking Positive Steps to Manage Mental Illness

Choose one of the following options to practice or make one up.

**OPTION 1:** What are steps someone could take to manage their mental illness? Record your ideas. Think of alternative ways of you could express your ideas.

**OPTION 2:** If you have experienced symptoms of mental illness, record what you do to manage those symptoms—and which were helpful. Try talking to others who have experienced mental illness about how they manage it. Describe what is helpful to you and other people.

---

Make a plan for home practice this week:

- **What you will do**
- **When**
- **Where**
- **With whom**

---

Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

- **The step I will work on**
- **To complete this step, I will use the following plan:**
  - **When**
  - **Where**
  - **With whom**
Topic 6
Dealing with Negative Attitudes and Beliefs about Mental Illnesses (Stigma)

You have learned many facts about mental illness in this module. This includes information about recognizing symptoms, and steps you can take to manage them. In this final topic, we will look at strategies for dealing with negative attitudes and beliefs about mental illness. These negative attitudes are called “stigma,” and they often result from fears or misunderstandings around mental illness. Unfortunately stigma is common, and it can be challenging to deal with. The good news is there are ways to cope with it, as well as resources you can access if you feel your rights have been violated.

In today’s session, we will discuss these four subjects related to stigma:

- What is stigma?
- What is self-stigma?
- What are some strategies for responding to stigma?
- Resource list for combating stigma

What is stigma?

Some people have negative opinions and attitudes toward people who have symptoms of a mental illness. This is called “stigma.” Not every person with a mental illness has experienced stigma, although unfortunately many people have.

It is important to know that there are two major laws that protect people with physical or psychiatric disabilities against discrimination. The Americans with Disabilities Act (ADA) makes it illegal to discriminate in the areas of employment, transportation, communication, or recreation. The Fair Housing Act (FHA) prohibits housing discrimination.
Stigma is a complicated problem, and there are no easy solutions for combating it. Research has shown that when people understand more about psychiatric disorders, and when they know someone who has the “lived experience” of mental health symptoms, they are much less likely to have negative attitudes about mental illness. This means educating the general public, and being an active member of one’s community can actually reduce the stigma of mental illness.

Many organizations—including the National Institute of Mental Health, the Center for Mental Health Services, the National Alliance on Mental Illness, Mental Health America, and the National Empowerment Center—are working on national campaigns to educate the public and create more laws that protect against discrimination.

You can find contact information for these and other helpful organizations in the Appendix of Module 1, Recovery Strategies.

**KEY POINT**

Stigma refers to negative opinions and attitudes about mental illness

---

**Let’s Talk About It**

What have you heard people say about mental illness that was negative?

Have you experienced stigma because of your mental illness?
What is self-stigma?

Sometimes people who experience psychiatric symptoms do not know the facts themselves. They may blame themselves for having symptoms, or think they cannot take care of themselves. They may think they can’t be part of the community. You may have had these negative thoughts or feelings. This is called “self-stigma.”

It is important to fight self-stigma, because it can make you feel discouraged and cause you to lose hope in your recovery. Learning about psychiatric symptoms can help you separate myths from facts and fight self-stigma. For example, knowing that mental illness is not your fault can help you stop blaming yourself. Another way to fight self-stigma is to join support groups where you will meet other people with symptoms of mental illness. Still another way to fight self-stigma is to work on achieving your personal goals.

Let's Talk About It

Have you ever had negative thoughts about yourself for having symptoms of a mental illness?

What helped you fight this self-stigma?

KEY POINT

The more you know about mental illness, the more you can combat prejudice and unfair treatment—whether it comes from others or from within yourself.

Let's Talk About It

What strategies have you used to combat stigma?

What was the result?

What strategies to combat stigma would you like to try?
### Make It Your Own

**Strategies for Combatting Stigma**

Developing personal strategies for responding to stigma can help you cope with it better. The list below describes strategies for combatting stigma, along with examples to show how you can use each strategy. There are advantages and disadvantages to each. What you decide to do will depend on the specific situation. Review the strategies in this checklist with your E-IMR practitioner and identify which strategies you would like to try.

#### Strategies for Combatting Stigma

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Educating yourself about psychiatric symptoms and mental disorders</strong></td>
<td>Learning about mental illness symptoms and mental disorders so you can separate myths from facts. For example, knowing you did not cause your mental illness and you are not to blame.</td>
</tr>
<tr>
<td><strong>Joining a support group</strong></td>
<td>Joining a group where you can get to know other people with mental illness. You can find a list of these support groups through organizations such as the National Empowerment Center (NEC) and the National Alliance on Mental Illness (NAMI).</td>
</tr>
<tr>
<td><strong>Correcting misinformation without disclosing (sharing) your own experience with psychiatric symptoms</strong></td>
<td>If someone you know says, “People with mental illnesses are all dangerous,” you might decide to reply: “Actually, I read a long article in the paper last week that said most people with mental illnesses are not violent. The media just sensationalizes certain cases.”</td>
</tr>
<tr>
<td><strong>Selectively disclosing (sharing) your experience with psychiatric symptoms</strong></td>
<td>Telling others about your own experience with psychiatric symptoms is a personal decision. You may decide to speak publicly about your experience with mental illness for educational or advocacy purposes. Or, you may decide to talk about your experience with friends or family that you feel comfortable with.</td>
</tr>
<tr>
<td><strong>Learning about your legal rights</strong></td>
<td>Educating yourself about the laws against discrimination. There are two major laws that protect against unfair treatment: the Americans with Disabilities Act (ADA) and the Fair Housing Act (FHA).</td>
</tr>
<tr>
<td><strong>Seeking out assistance if your legal rights are violated</strong></td>
<td>Sometimes it is best to approach the person directly if you have a request, or if you feel your legal rights are being violated. For example, you can approach your employer directly about your need for a reasonable accommodation on the job (like asking to move your desk to a quiet area in the office so you can concentrate better). If speaking directly to the person doesn’t help, you may need to contact a lawyer or an advocacy organization.</td>
</tr>
</tbody>
</table>
## Resource List for Combatting Stigma

<table>
<thead>
<tr>
<th><strong>Anti-stigma organizations and websites</strong></th>
<th><strong>Federal agencies</strong></th>
</tr>
</thead>
</table>
| **National Alliance on Mental Illness (NAMI):**  
NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. | **Equal Employment Opportunity Commission (EEOC):**  
Agency responsible for enforcing federal anti-discrimination laws. |
| Helpline:  
1-800-950-6264 (NAMI)  
Website: nami.org | Address:  
131 M Street, NE Washington, DC 20507  
Phone:  
202-663-4900 (TTY 202-663-4900)  
To locate the nearest office:  
1-800-669-4000  
Website: eeoc.gov |
| **Otto Wahl’s Homepage:**  
University professor and researcher dedicated to combatting discrimination and stigma for people with mental illness. His website contains a “Resource Guide for Fighting Discrimination and Stigma.” | **Office of Fair Housing and Equal Opportunity (FHEO)** |
| Website: uhaweb.hartford.edu/owahl/home.html | **U.S. Department of Housing and Urban Development (HUD)** |
| **National Stigma Clearinghouse:**  
A website clearinghouse for news coverage and other resources related to stigma and bias in mental health. | Address:  
451 7th Street SW  
Washington, DC 20410  
Phone: 202-708-1112  
Website: hud.gov |

**KEY POINT**  
To combat stigma it is important to know your legal rights and to know where to seek help if your rights have been violated.
BEFORE I WAS DIAGNOSED, I felt like I was to blame for the symptoms I was experiencing. I felt ashamed that I couldn’t stop the voices in my head telling me I was worthless. No one else in my family was like me. Then, I went to see a doctor who told me that I had a disorder called schizophrenia. He explained about the diagnosis, and told me what I was experiencing was very common for people with this illness. He suggested I attend a group to help people understand more about mental illness and how cope with their symptoms.

The group was an amazing experience. There were other people there with similar symptoms. They told me they had felt like I did before they had learned about their disorder. They helped me understand that the symptoms weren’t my fault. I also learned that even though marijuana sometimes relaxed me, it also made my symptoms worse. I learned that there are other things I could do to cope with my symptoms and stress, and that it is possible for me to live a good life despite the disorder.

— Jerome
Home Practice

Dealing with Negative Attitudes and Beliefs about Mental Illnesses (Stigma)

Choose one of the following options to practice or make one up.

**OPTION 1:** If you have experienced stigma, describe what happened and how it affected you. Describe your experience in writing and consider sharing it with someone you trust.

**OPTION 2:** If you experience negative attitudes and beliefs about yourself (self-stigma), write down a positive self-statement you can make to counteract it. Practice saying this statement to yourself every day.

Make a plan for home practice this week:

<table>
<thead>
<tr>
<th>What I will do</th>
</tr>
</thead>
<tbody>
<tr>
<td>When</td>
</tr>
<tr>
<td>Where</td>
</tr>
<tr>
<td>With whom</td>
</tr>
</tbody>
</table>

Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

<table>
<thead>
<tr>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where</td>
</tr>
</tbody>
</table>

The step I will work on

With whom
KEY POINTS • Topic 6
Dealing with Negative Attitudes and Beliefs about Mental Illnesses (Stigma)

Stigma refers to negative opinions and attitudes about mental illness

The more you know about mental illness, the more you can combat prejudice and unfair treatment—whether it comes from others or from within yourself.

To combat stigma it is important to know your legal rights and to know where to seek help if your rights have been violated.