Achieving Mental Well-Being

For Your Whole Health

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FOR YOUR WHOLE HEALTH

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Note: You should not substitute the information in this guide for expert professional advice or treatment. The information is given to help you make informed choices about your mental health. Follow your health care provider/counselor's advice.

People who are mentally healthy feel good about themselves and comfortable with others. They are also able to deal with the demands, challenges, and changes in everyday life.

Everyone, regardless of age, race, sex, or economic status, is subject to emotional upset. Feeling down, angry, or anxious can be a response to a variety of things. Feelings like these can come and go quite often. When they are disturbing, interfere with daily life, and/or linger for weeks or months, they may signal a problem that requires professional assistance.

To know whether you need help and how to go about receiving it is not always easy. This is why Achieving Mental Well-Being for Your Whole Health was written. It provides information and resources you can use to take greater control of your mental well-being. Whether you are thinking about seeking help or are already in treatment, this guide will be beneficial.

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What is mental health?

Mental health is a state of well-being in which an individual:

- Realizes his or her own abilities
- Can cope with the common life stresses
- Can work productively
- Is able to contribute to his or her community
- Can manage his or her emotions
- Can maintain healthy relationships

THREE COMPONENTS OF MENTAL HEALTH

- Emotional well-being. This includes:
  - Being happy
  - Being satisfied with life
- Psychological well-being. This includes:
  - Being hopeful and open to new experiences
  - Being self-directed and self-accepting
  - Having a purpose in life
  - Having positive relationships
- Social well-being. This includes:
  - Having personal self-worth
  - Being useful to society
  - Having a sense of community
  - Believing in people and society as a whole

IMPORTANT FOR WHOLE HEALTH

Following a mind-body approach to wellness, often referred to as whole health, is a way of recognizing the profound connection between our physical, mental, and spiritual well-being.

Rather than treating mental or physical health in isolation, a whole health approach emphasizes the interconnectedness of our thoughts, emotions, behaviors, physical fitness, nutrition, and social support.

By nurturing our whole health we can move towards a more balanced and fulfilling life, where the mind and body work in harmony to support our overall health and happiness.

It's OK to ask for help

Many people do not use mental health services because of the "stigma" of having an "emotional" problem. Society tends to view mental health issues differently from medical ones.

When someone breaks a leg or has chest pains, they'll see a doctor. However, when they have depression, excessive fears, or a problem with alcohol, they may be embarrassed to seek help.

CREATING A CULTURE OF SUPPORT

To recognize an emotional problem and receive help is not a sign of weakness. Rather, it is a sign of strength and courage.

Also, taking part in your company's Employee Assistance Program (EAP) or seeing a licensed therapist at a mental health clinic or student counseling center is completely confidential.

No information will be released without your permission except in situations involving child or elder abuse, ongoing domestic abuse, or suicidal or homicidal intent.

Sharing personal thoughts, feelings, or struggles may seem uncomfortable or scary. However, expressing our true selves to others and asking for help when life becomes overwhelming, can be a powerful act of self-care.

Seeking help for mental health not only benefits the individual but also their relationships, work, and community. When we are mentally healthy, we can engage more fully in life, connect with others more effectively, and make a more positive contribution to society.

Normalizing the act of seeking help can also encourage others to do the same, breaking down stigma and fostering a culture of support.

Helping someone close to you

There will probably come a time when someone you know could benefit from professional counseling. They may, however, deny that a problem exists and won't do anything about it. However, there are steps you can take to help them reach support and remind them that they're not alone.

You can aid a friend or loved one by discussing those aspects of their behavior that you are concerned about. Just listening can be a big help. You should also discuss the benefits of counseling and share any personal experiences you've had with it. You may even want to help them select a therapist, if they are open to it.

While traditional therapy is always an option, remind your friend that support comes in a variety of mediums, and there are a wide range of paths to get help. Examples include virtual therapy, online support groups, and mindfulness and mental health apps.

Don't feel like you have to "go it alone." If you need additional advice or someone to help you in your discussions with your friend, talk to any of the following people:

- Your EAP representative
- Your physician or clergy
- Your friend's family
- Your student counseling center's staff

988 SUICIDE & CRISIS LIFELINE

Contact the 988 Suicide & Crisis Lifeline or visit **988lifeline.org** to learn more about helping and supporting others in crisis. Your friend or loved one may not be very open to your assistance at first, but be persistent. The care and support you provide is an important factor in helping them get better.

Reasons to seek help

The following symptoms, often in combination, usually signal the need for professional counseling. Only a trained professional can diagnose and determine the treatment needed. The 988 Suicide & Crisis Lifeline is available 24/7.

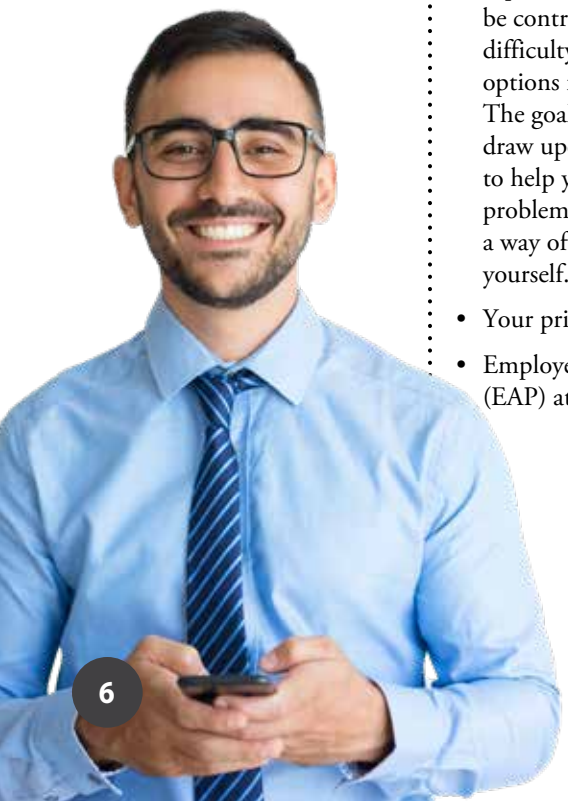
- Crippling or excessive anxieties (phobias, fears, panic attacks)
- Marked personality change
- Prolonged depression and apathy (a sense of hopelessness, loss of pleasure in life, helplessness, confusion, or constant frustration)
- Mood swings (extreme highs and lows)
- Abuse of drugs or alcohol
- Excessive anger or violent behavior
- Changes in eating or sleeping patterns
- Thinking or talking about suicide
- Feeling you've lost control of your life
- Inability to cope with problems or daily activities, such as job or personal needs
- Sexual problems or abuse
- Feeling overly worried and anxious
- Problems on the job
- Overall decline in job performance
- Difficulty interacting with other people (significant other, children, and co-workers)
- Post-traumatic stress disorder (PTSD)
- Denial of obvious problems; strong resistance to receiving help
- Seeing or hearing things that aren't actually present
- Suspiciousness or paranoia
- Irritability and restlessness
- Social withdrawal and isolation
- Inability to cope with the loss of a loved one
- Problems with the law
- Compulsive behaviors (i.e., spending, gambling, overeating)

Where to go for help

Making the decision to seek professional help is an important step, but knowing where to go for support can sometimes be a challenge.

Here is a list of places you can visit to help you find mental health professionals in your area.

- A counselor helps you identify a problem area, explore factors which may be contributing to your difficulty, and provides options for you to consider. The goal in counseling is to draw upon your strengths to help you resolve your problems. Counseling is a way of helping you help yourself.
- Your primary care doctor
- Employee Assistance Program (EAP) at your workplace
- Student counseling center. Most colleges provide free counseling services for their students.
- Religious advisor (i.e., chaplain, rabbi, minister, priest)
- County mental health department. Contacting them is especially important if you have no health insurance.
- Professional organizations, such as your state's psychiatric, psychological counseling, or social work associations
- Community mental health centers. Ask for the department of psychiatry, psychology, social work, or their crisis center.
- Community agencies, such as Catholic Social Services, Jewish Family Services, Family Services Agency, etc.
- Crisis Intervention Centers – especially if you need help immediately. The 988 Suicide & Crisis Lifeline is available 24/7.
- U.S. Department of Veterans Affairs (for Veterans)
- Self-help groups or national organizations such as Mental Health America, National Alliance on Mental Illness, Alcoholics Anonymous, National Association of Anorexia Nervosa and Associated Disorders, Narcotics Anonymous, and Gamblers Anonymous



A therapists' who's who

Alcohol/Drug Abuse Counselor: often has a degree in either social work, psychology, or psychiatry and works in a variety of settings, including drug treatment centers and family service agencies.

Employee Assistance Professional: mental health professionals provided by employers to offer confidential services to employees and, often, to their families. These counselors can be occupational physicians, nurses, psychologists, professional counselors, social workers, and/or trained union members. They provide assessment, brief counseling, and when appropriate, referral to community resources. Some are Certified Employee Assistance Professionals (CEAP).

Marriage Counselor or Family Therapist: has a degree in social work, psychology, or psychiatry with post-graduate study and training in marital and/or family problems.

Pastoral Counselor: a minister, chaplain, priest, rabbi, or other ordained religious figure who has a Bachelor's or Master's Degree in Divinity (religion) and additional training. They can identify mental health problems and make referrals. Certified Pastoral Counselors have advanced training and may provide counseling.

Professional Counselor: has earned masters or doctoral degree in counseling with clinical experience. Many are licensed by the state. They can diagnose and provide counseling.

Psychiatric Nurse or Clinical Nurse Specialist: holds a degree in nursing, either as a Registered Nurse (R.N.), a Bachelor's in Nursing (B.S.N.), or a Master's in Nursing (M.S.N.). In addition, they have specialized training in the care and treatment of psychiatric patients.

Psychiatrist: a medical doctor (M.D.) or doctor of osteopathy (D.O.) who has had a three or four year residency in a psychiatric facility and is board certified in psychiatry. A psychiatrist is the only mental health professional who can prescribe medication and/or medical treatments.

Psychoanalyst: a psychiatrist, clinical psychologist, or social worker who has had specialized training in psychoanalysis and has gone through psychoanalysis.

Psychologist: received either a doctorate degree in psychology, education, or counseling (i.e., Ph.D., Psy.D., Ed.D). This professional must also complete at least a one-year internship in a psychiatric hospital or mental health center and have specific training to do psychotherapy.

Social Worker: has earned a Bachelor's Degree (B.S.), Master's Degree (M.S.W.) or Doctoral Degree (D.S.W.) in social work. Graduate training involves coursework dealing with individual, group and family assessment and psychotherapy.

Types of mental health treatment

PSYCHOTHERAPY

Use of face-to-face discussions to define and resolve personal problems. Types include:

- **Individual therapy:** A therapist works one-on-one with the client using a variety of treatment methods to sort out the problems and find resolutions.
- **Psychoanalysis:** Places emphasis on linking early childhood memories and events to current behaviors. It involves a basic rebuilding and modifying of a patient's personality to overcome psychological problems. Two drawbacks to this approach are that it takes a long time and it's very costly.
- **Group therapy:** An approach in which a therapist conducts treatment in a group setting of 6-12 members. Through this supportive environment, members help one another resolve their problems.
- **Family therapy:** A type of counseling provided to two or more family members to assist a troubled individual and/or promote better functioning of the family unit. The interaction among members serves as the key to resolving conflicts.
- **Couple therapy:** Helps couples understand how conflicts get expressed by their interactions with each other. The goal is to develop a more rewarding relationship.
- **Play therapy:** Most often used with young children. Uses games, toys, drawing, and other styles of play to identify and resolve problems.
- **Behavior modification:** Uses techniques, such as relaxation training, biofeedback, positive reinforcement, and altering triggers to teach new substitute behaviors. The emphasis is on changing thinking patterns and behavior.
- **Cognitive behavioral therapy:** Identifies unhealthy patterns of thought and how they may be causing self-destructive beliefs and behaviors. Develops constructive ways of thinking that will produce healthier thoughts, feelings, and behavior.
- **Hypnotherapy:** A state of heightened suggestibility that allows the client to tune out unimportant information and focus only on what the hypnotherapist is saying. The client then is given suggestions to change personal behavior, i.e., lose weight, manage stress, or overcome fears.

BIOMEDICAL THERAPIES

- **Medication therapy:** Uses medicines, such as antidepressants and tranquilizers, to help correct chemical imbalances, mood, and/or thinking disorders. Drug therapy is often used in conjunction with other treatment approaches.
- **Electroconvulsive therapy (ECT):** Low "doses" of electrical energy currents are delivered to a patient's brain. ECT is used only for certain extreme conditions, such as major depression, delusions, or life-threatening sleep and eating disorders that have not responded effectively to other treatment methods.

How to choose a therapist

Finding the right therapist can feel like a difficult task, but it's a crucial step towards prioritizing your mental well-being.

These questions can help you make practical steps to select a mental health professional who aligns with your unique needs and goals.

- Do they accept your health insurance? How much will I have to pay?
- Do they have the education, credentials, and recent training to treat you? Is the therapist licensed in my state?
- How quickly can I be seen by the therapist?
- How can I get in touch with the therapist between appointments?
- Will they refer me to someone else if I need additional help?
- Can they prescribe medicine?
- Can they admit me to a hospital or treatment center? What hospitals or treatment centers do they have privileges in?
- What will I have to do during treatment? What will they do?
- Do people whom I trust recommend this therapist?
- Does the therapist limit their practice to a specific type of client (children, women, men, family)?
- What type of treatment approach does the therapist use?
- What kind of experience have they had with a problem like mine?
- Do they offer group and/or family sessions?
- How long (typically) will I need to see a counselor for problems similar to mine?
- How far do I have to travel to see the counselor?
- Do they offer live video appointments?
- Do they have an appointment time that works for me?
- How much advance notice is needed to reschedule or cancel a session?

ALSO CONSIDER THE TYPE OF THERAPIST YOU MAY PREFER.

- Would I be more comfortable with a man or woman? Is the counselor's sexual orientation a factor?
- Is the counselor's age a factor? Would I prefer someone older or younger than me?
- Does it matter to me if the counselor is married, with or without children?
- Is it important to me to find a counselor who understands and/or has worked with those who share my cultural background?

Sometimes the first therapist you meet with might not "feel right." If so, go with your intuition or gut feelings and keep looking until it feels comfortable for you.

Evaluating mental health treatment

It is not always easy to evaluate treatment when you receive mental health care. You may not be able to look at it objectively or know what to expect. But there are some key factors you may consider.

Here is a list of statements to help you better understand if your treatment is working for you.

FOR TREATMENT TO BE EFFECTIVE:

- You should feel comfortable with your counselor.
- You should feel the treatment your counselor is providing is helpful.
- You should feel that your counselor understands you and accepts your opinions.
- Your needs should be addressed.
- You and your counselor should define and agree on the goals of your treatment and determine together when treatment should end.
- You should be able to alter your treatment goals at any time.
- You should feel you are making progress toward your goals.
- You need to trust your counselor and feel respected by them.
- Your counselor should behave in a professional manner. (Sexual contact with a client is exploitive and should never be a part of therapy.)

If you are not satisfied with your treatment, do one or more of the following:

- Express your concerns directly to your counselor to see if the problem can be resolved.
- Ask to speak to your counselor's supervisor if you are uncomfortable expressing a concern to your counselor.
- Find another counselor.
- Inform the state licensing board if you think your counselor's conduct has been unethical or illegal.

Tips for mental health

Mental health is just one part of your whole health, but caring for your mental well-being involves bringing awareness to many facets of your life.

Here are 25 tips for reducing stress, finding joy, and approaching life from a positive perspective.

STRESS MANAGEMENT

1. Express your emotions. Talk to someone you trust and let your feelings be heard.
2. Learn to manage your time efficiently.
3. Focus on the things you can control and try to let go of things you can't control.
4. Do a "stress rehearsal." Prepare for stressful events by imagining yourself feeling calm and handling the situation well.
5. Limit time with people or situations that cause you stress.
6. Practice a relaxation technique daily (i.e., meditation and being mindful).
7. Do something kind for someone else.
8. Spend time outside in nature.
9. Practice gratitude daily.

ENJOYING LIFE

10. Balance work and play.
11. Engage in activities you enjoy and look forward to.
12. Let your playful side shine. Make room for fun experiences.
13. Laughter is healing. Find reasons to smile.
14. Participate in activities with people who share your interests.
15. Reward yourself with little things that make you feel good.
16. Live a healthy lifestyle.
17. Challenge yourself to do something new.
18. Surround yourself with kind, uplifting people.
19. Let go of the need to be perfect.

A HEALTHY ATTITUDE

20. Set realistic goals for yourself.
21. Be flexible in dealing with people and events. Let go of rigid thinking.
22. Accept the things you cannot change in yourself or others.
23. Forgive yourself for mistakes.
24. Take satisfaction in your accomplishments. Don't dwell on your shortcomings.
25. Try to see the positive, even in tough situations.

Tips for being active

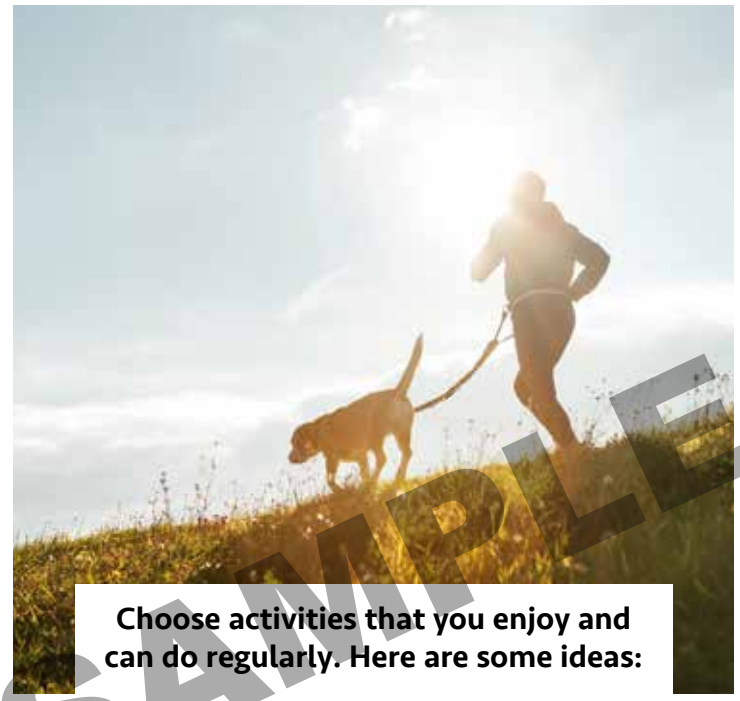
Improve your energy and mood by staying active throughout your day.

FOR GOOD HEALTH, ADULTS SHOULD:

A: Do at least 2 hours and 30 minutes of moderate aerobic activity, such as brisk walking or swimming… OR

B: Do 1 hour and 15 minutes of vigorous aerobic activity, such as jogging and jumping rope…OR

C: A combination of activities from A and B.



Choose activities that you enjoy and can do regularly. Here are some ideas:

- Walk instead of driving whenever possible.
- Take the stairs.
- Walk briskly when shopping.
- Get off the bus a stop early and walk.
- Take the dog on longer walks.
- Replace a coffee break with a brisk 10-minute walk.
- Exercise to a workout app or video.
- Go for a walk at the mall, especially when the weather prevents you from walking outside.
- Help someone in your neighborhood take care of their yard.
- Plant a garden and take care of it.
- Participate in local fundraising fitness runs, walks or other activities.
- Get the whole family involved. Go for a hike or have a family dance party.
- Join a local walking group.
- Sign up for swimming or dancing lessons.
- Take a class in martial arts, yoga or dance.
- Handcycle or play wheelchair sports.
- Try some winter sports, such as ice skating or cross-country skiing.
- Play basketball, baseball, or soccer.

Adults should also do muscle-strengthening exercises on 2 or more days a week.

- Take a strength-training class at your local fitness center. Equipment may include dumbbell or hand/ankle weights, resistance tubes, an exercise ball, and the weight of your own body.
- Examples include pushups, situps, plank, and curls using hard weights.
- Remember to breathe with the effort. Don't hold your breath.
- Aim for 8-15 repetitions for each exercise.
- Warm up your muscles before you start with about 10 minutes of brisk walking or cycling.
- Use household items for weights when at home, such as water jugs or canned foods.

Older adults and those with chronic conditions should be as physically active as their abilities and conditions allow. Important: Before you start a new exercise program, talk to your doctor to review any safety concerns.

Tips for better sleep

- Aim to get 7-9 hours of quality sleep each night.
- Have a comfortable bed and pillow. Make the bed daily for a more welcoming space at bedtime.
- At least one hour before bedtime, turn off digital devices and screens, including your computer, smartphone, and television.
- If you set an alarm, turn the bright clock face or digital numbers away from you.
- Keep the bedroom dark to signal your body that it is time to sleep. Dim the lights in your home an hour before bedtime. If you must sleep during the day, cover the windows where you sleep with dark fabric, or try wearing an eye mask.
- A quiet and cool room (between 64° F and 68° F) works best. Try a sound machine with white noise or nature sounds to muffle background noises.
- Avoid big meals 2-3 hours before bedtime. Eating a small snack before you go to bed that contains some protein and carbohydrate may help promote sleep, e.g., cereal with milk.
- Avoid fatty or spicy foods, beans, garlic, and/or dairy if they cause discomfort, such as heartburn, gas, or cramping.
- Do aerobic exercises 3 to 4 days per week, which end at least 2 to 4 hours before bedtime. Examples include brisk walking, swimming, cycling, and dancing.
- Avoid or limit caffeine to about 300 mg a day. Drink caffeinated beverages early in your day, at least 6 hours before bedtime.
- Quit tobacco. Health problems from tobacco make sleep more difficult.
- Avoid or limit alcohol to not more than one alcoholic drink with dinner.
- Avoid working from your bed. Save it as a space for rest.
- Follow a bedtime routine that gets your body and mind ready for sleep. Do something that relaxes you, such as listen to music, meditate, do yoga, take a warm bath, read, etc.
- If you wake up through the night and can't get back to sleep, go to another room and do an activity in dim light, such as read a book, work on a puzzle. Avoid using a computer.
- Seek downtime daily to help manage stress. Try sitting quietly for 10 minutes and do nothing but focus on your breathing. Let your thoughts come and go without judging them.
- It's best to talk with your doctor before taking any medications or sleep aids.
- If you have long-term sleep problems, talk to your doctor about programs and services available to help you sleep better.

Tips for healthy eating

Choose a wide variety of healthy foods, including vegetables, fruit, whole grains, lean proteins, beans and lentils, low-fat dairy, and healthy fats. Limit added sugars and choose foods with less salt and saturated or trans fats.

EAT WELL, LIVE WELL

- Eat at regular times each day. Don't skip breakfast.
- Aim for 5 or more servings of vegetables and fruit every day.
  - Keep ready-to-eat fruit or vegetables on the counter or in your refrigerator.
  - Limit fried vegetables and those in cream or cheese sauces.
- Choose whole grains daily, such as whole wheat bread, whole-grain ready-to-eat cereal, oatmeal, brown rice, and whole wheat pasta.
- Eat fish two to three times a week (e.g. salmon, tuna).
- Vary your protein routine. Choose beans, peas, nuts and seeds.
- For a busy lifestyle:
  - Take healthy snacks with you, such as fresh fruit, whole grain crackers, and nuts.
  - When you cook, make enough for 2-3 meals.
  - Stock your freezer and pantry with healthy options for quick meals and snacks, including frozen vegetables and fruits, frozen fish, cooked grains such as brown rice, canned beans and tomatoes with no salt added, nuts, and canola/olive oil.

- Have as little trans fat as possible. Avoid stick margarine, shortening, and processed snack foods (chips, snack crackers, etc.).
- Choose lean cuts of beef, pork, lamb and poultry. Limit fried meats, sausages, etc.
- Choose nonfat and low-fat dairy products. Use calcium-fortified soy and almond milk and yogurt.
- Add little fat to food. When you do, use healthy oils, such as canola, olive, corn, or soybean oils.
- Plant a vegetable garden and shop at farmer's markets.
- Drink 6 to 8 glasses or more of water a day.
- When eating out:
  - Choose baked, roasted or steamed items. Limit fried foods.
  - At fast food places, order small sandwiches or burgers. Avoid supersized portions. Go easy on regular salad dressings and rich sauces.
  - Try to choose restaurants with healthy options.
- Eat at home more often where there are usually healthier food and beverage choices.

Social well-being

Social connections play a critical role in shaping our experiences and influencing our overall well-being. Healthy relationships and social support impact our psychological, emotional, and even physical health.

SOCIAL WELL-BEING & MENTAL HEALTH

Supportive social networks can help us manage difficult life events, such as losing a loved one, unemployment, or chronic illness. When we feel supported and understood, we are more likely to develop effective coping skills, maintain a sense of purpose, and avoid the feelings of loneliness.

WAYS TO CREATE A HEALTHY SOCIAL NETWORK

Existing Relationships

- **Prioritize face-to-face interaction.** Make a genuine effort to spend quality time with loved ones in person, engaging in meaningful conversations and shared activities.
- **Be present and engaged.** When interacting with others, put away digital devices and focus on being fully present, actively listening, and showing real interest.
- **Express appreciation.** Regularly expressing gratitude and appreciation towards the people in your life can strengthen emotional bonds and foster a sense of connection.

Making New Friends

- **Pursue shared interests.** Engage in activities and hobbies that align with your interests. This can provide opportunities to meet like-minded individuals and form connections based on common ground.
- **Join groups and organizations.** Participate in clubs, teams, volunteer organizations, or community groups to connect with people who share your passions and values.
- **Attend social events.** Social gatherings, such as parties, workshops, conferences, or community events, can expand your social circle and help you meet new people.

Building a Healthy Social Network

- **Seek quality over quantity.** Focus on building a few deep, meaningful relationships rather than maintaining a large number of connections.
- **Set healthy boundaries.** Establish clear boundaries to protect your time, energy, and emotional well-being, ensuring that your social interactions are positive and fulfilling.
- **Be mindful of online interactions.** Use social media as a tool for connection and engagement, but be mindful of the potential for distraction and negativity.

Mindfulness

Feeling overwhelmed in today's fast-paced world can lead to increased levels of stress and anxiety, which can impact your overall well-being. In response to these challenges, mindfulness has emerged as a powerful practice for boosting mental health and enhancing quality of life.

WHAT IS MINDFULNESS?

Mindfulness is commonly defined as the practice of paying attention to the present moment with openness, curiosity, and without judgment. It involves being fully aware of one's thoughts, emotions, bodily sensations, and surroundings as they occur, rather than dwelling on the past or worrying about the future. The essence of mindfulness lies in intentional awareness—choosing to bring one's attention to what is happening right now.

HOW TO PRACTICE MINDFULNESS

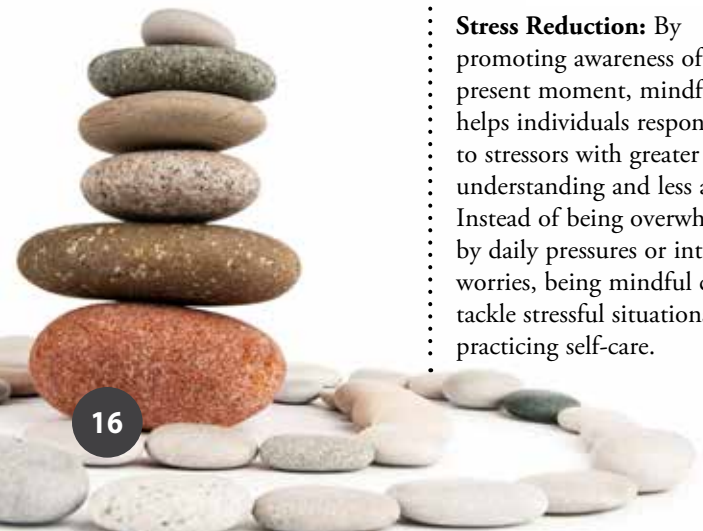
Beginning a mindfulness practice can be simple and accessible for anyone. Start by setting aside a few minutes each day to sit quietly and focus on your breath. Gently bring your attention back whenever your mind wanders. Using guided meditations, available through apps or online resources, can also provide structure and support. The key is consistency and a non-judgmental attitude. Approach the practice with patience and curiosity, allowing it to become part of your daily routine gradually.

MINDFULNESS & MENTAL HEALTH

Stress Reduction: By promoting awareness of the present moment, mindfulness helps individuals respond to stressors with greater understanding and less anger. Instead of being overwhelmed by daily pressures or internal worries, being mindful can help tackle stressful situations while practicing self-care.

Anxiety and Depression: For individuals with depression, mindfulness can interrupt the cycle of negative thought loops and create space for more balanced and compassionate self-perception. For those with anxiety, it fosters a sense of grounding and can ease overwhelming emotions.

Emotional Regulation and Self-Awareness: By enhancing awareness, mindfulness helps individuals recognize early signs of anger or frustration and utilize coping strategies. Increased self-awareness contributes to better decision-making, healthier relationships, and improved resilience.



Embrace vulnerability

Vulnerability is often misunderstood as a weakness or a sign of being too sensitive. Vulnerability is actually a powerful way to care for your mental health.

It is central to seeking support, whether from friends, family, or therapists. Acknowledging one's limitations and asking for support can open the door to healing, growth, and connection with others.

WAYS TO TAP INTO VULNERABILITY

- **Be honest about your feelings.** Start by acknowledging how you truly feel, even if it's uncomfortable. Practice naming your emotions and saying things like "I'm feeling overwhelmed" or "I'm afraid I'll fail" to yourself or a trusted person.
- **Allow yourself to be seen imperfectly.** Remember that it's okay to let others see you make mistakes, ask questions, or admit when you're unsure. Accepting your imperfections can ease anxiety and stress.
- **Share your story with someone you trust.** Sharing your story with a close friend, relative, or therapist can relieve emotional pressure and deepen connections.
- **Practice saying "I don't know" or "I was wrong."** Admitting uncertainty or making a mistake takes courage and openness. It also invites learning rather than defensiveness.
- **Try something new.** Try a new hobby, volunteer for something, or initiate a conversation with someone new. Vulnerability often involves leaving our comfort zone, where real growth happens.
- **Receive compliments with acceptance.** When someone praises you, resist the urge to downplay or reject it. Practice accepting compliments graciously and receiving recognition and affirming your worth.
- **Be present during difficult conversations.** Instead of avoiding conflict or tough topics, lean in with openness and empathy. Speak your truth while also listening deeply.

Tapping into vulnerability is a practice, not a one-time event. Start small, be gentle with yourself, and celebrate the courage it takes to show up authentically.

Setting healthy boundaries

Boundaries represent the limits we set to protect our emotional, mental, and physical well-being. Healthy boundaries allow individuals to take ownership of their lives, communicate their needs, and maintain respectful and balanced relationships.

Learning to set boundaries requires self-awareness, courage, and consistency. Support from a therapist or counselor can be helpful for those struggling with this process.

People who enforce healthy boundaries typically experience:

- Lower stress levels
- Reduced anxiety and resentment
- Improved self-esteem and confidence
- Healthier relationships
- Greater sense of control over their lives

WORKPLACE

Work environments often demand high productivity, collaboration, and availability, but without clear boundaries, this can lead to chronic stress and burnout. Examples of healthy work boundaries include:

- Setting clear work hours and not checking emails or taking calls after hours unless necessary.
- Saying "no" to tasks that exceed capabilities or fall outside one's role.
- Taking regular breaks and using vacation time without guilt.

FAMILY

Family dynamics can be complex. Healthy boundaries with family members involve striking a balance between love and care, and self-respect and emotional safety.

Common family boundary issues include:

- Intrusions into personal life or decisions
- Emotional manipulation or guilt-tripping
- Overdependence or enabling behavior

RELATIONSHIPS

Healthy boundaries are crucial for maintaining individuality, ensuring mutual respect, and preventing codependency.

Examples of boundaries in relationships include:

- Communicating emotional and physical comfort levels
- Respecting each other's need for alone time or independence
- Agreeing on how to resolve conflicts respectfully

Power of building small habits

People often look for quick fixes to improve their well-being, making it easy to overlook the profound power of small, consistent changes. Building small, healthy habits—simple, manageable actions repeated regularly—can lead to lasting improvements in mental health.

HEALTHY HABITS

- **Reduced stress and anxiety:** Simple habits like deep breathing, stretching, or taking a short walk can activate the body's relaxation response, calming the nervous system and reducing stress hormones.
- **Enhanced self-esteem:** Completing a short morning routine or staying hydrated throughout the day may seem minor, but these acts of self-care send a powerful message: "I matter, and I'm capable." Over time, this builds self-respect and confidence.
- **Improved mood and outlook:** Habits like journaling, expressing gratitude, or saying a kind word to someone can significantly impact your mood. These practices shift the focus away from negativity and help train the brain to notice and appreciate the positive aspects of life.

HABIT STACKING & BUILDING MOMENTUM

One effective strategy for building small, healthy habits is "habit stacking"—linking a new habit to an existing one. For example, after brushing your teeth in the morning, you might take 30 seconds to practice deep breathing. By attaching the new habit to something you already do, it becomes easier to remember and repeat. The goal is to build momentum and create a sense of progress, which motivates continued growth.

SMALL HABITS THAT BENEFIT MENTAL HEALTH

- Writing down one thing you're grateful for each day.
- Taking five slow, deep breaths before meals.
- Walking for ten minutes outdoors.
- Drinking a glass of water first thing in the morning.
- Turning your phone on "do not disturb" mode for 30 minutes.
- Spending two minutes tidying a space in your home.
- Checking in with your emotions at the start or end of the day.
- Stretching for three minutes after waking up.

Section II - Mental health topics

Ask yourself the "Triage Questions." Start at the top of the flow chart and answer "Yes" or "No" to each question. Follow the arrows until you get to one of these answers:

- Get Emergency Medical Care
- See Doctor
- Call Doctor
- See Counselor or Call Counselor
- Use Self-Care

Note: "Yes" and "No" questions and self-help tips are not found in four topics:

- Bipolar disorder
- Obsessive-compulsive behavior
- Paranoia
- Schizophrenia

These mental health conditions should not be self-diagnosed or self-treated.

GET EMERGENCY MEDICAL CARE

You should seek immediate attention. Either:

- Go to the hospital emergency room
- Call 911 or other number for emergency medical service (EMS) from your city EMS department or local ambulance service
- Call Suicide Prevention, Crisis Intervention Center or your psychiatrist or counselor right away

Note: Services provided by physicians and counselors are part of the Professional Care you may receive for your Whole Health. Self-care includes daily activities you do or choices you make for good health.

SEE DOCTOR

The term "doctor" is used for a number of health care providers, including:

- Your primary doctor, internist, etc.
- Your psychiatrist
- Your Health Maintenance Organization (HMO) clinic, primary doctor or other designated health professional
- Walk-in clinic or urgent care center

If your answer is "See Doctor," you may need medication or treatment for the condition. Call first and state the problem. Your doctor can assess your needs and treat the problem and/or get you to see someone else who can help you.

CALL DOCTOR

Call your doctor and state the problem. He/she can decide to:

- Tell you to make an appointment to be seen
- Prescribe medicine or treatment over the phone
- Give you specific things to do to treat the condition
- Give you a referral to see someone who can help you

SEE COUNSELOR OR CALL COUNSELOR

The term "Counselor" is used for a number of mental health care providers:

- Your counselor or therapist, if you already have one
- A mental health professional provided by your Employee Assistance Program (EAP) at work
- A Mental Health Center
- A psychologist (Ph.D.)
- A social worker (M.S.W.)
- A licensed professional counselor (L.P.C.)
- A health care provider in the mental health field, such as a psychiatric nurse

Note: You may need to call your primary care physician for a referral to a mental health care provider, including a psychiatrist, if you belong to a Health Maintenance Organization (HMO) or other managed health care plan. Also, a counselor may have you join a self-help/support group.

USE SELF-CARE

You can probably help yourself with the problem if you answered NO to all the questions. Use the self-care tips listed. Self-care tips may help treat and prevent the mental health conditions discussed. But if things don't get better, call your doctor or counselor. There may also be "after-care" measures that can maintain progress after getting treatment for a condition.

Alcohol use disorder

Alcohol use disorder (AUD) is a condition where a person struggles to control their drinking, despite harmful consequences to their health, relationships, or responsibilities. It ranges from mild to severe and can affect anyone. AUD is treatable with the right combination of support, therapy, and medical care.

SIGNS & SYMPTOMS

- **Loss of control:** Drinking more or for longer than intended, or unsuccessful attempts to cut down or stop.
- **Craving:** A strong urge to drink that's hard to ignore.
- **Neglecting responsibilities:** Alcohol use interfering with work, school, or home obligations.
- **Continued use despite problems:** Drinking even when it causes social, relationship, or health issues.
- **Giving up activities:** Reducing or abandoning important activities due to alcohol.
- **Risky use:** Drinking in dangerous situations (e.g., driving under the influence).
- **Tolerance:** Needing more alcohol to feel effects.
- **Withdrawal:** Experiencing symptoms like shakiness, nausea, or anxiety when alcohol's effects wear off.

CAUSES & RISK FACTORS

Genetics and family history of alcohol problems play a role in developing alcohol use disorder (AUD). Parents' drinking patterns may also influence the likelihood that a child will develop AUD.

Also, those who drink at an early age are more likely to develop AUD. People with a history of childhood trauma or who have depression or other mental health conditions are also vulnerable to AUD.

Alcohol use disorder can affect your physical health, emotional well-being and behavior. AUD can develop in several ways:

- Drinking in excess on an almost daily basis
- Drinking a lot at certain times, such as partying every weekend
- Binge drinking after long periods of not drinking
- Drinking infrequently, but with loss of control over drinking and/or behavior problems while drinking
- Drinking patterns that negatively impact the drinker or others

PHYSICAL EFFECTS OF ALCOHOL

- Can impair mental/physical reflexes
- Can increase the risk of diseases, such as cancer of the brain, tongue, mouth, esophagus, larynx, liver and bladder, cirrhosis of the liver and hepatitis, ulcers, gastritis and brain damage when used heavily. It can also cause heart and blood pressure problems.
- Can lead to malnutrition
- Is known to cause birth defects

EMOTIONAL & BEHAVIORAL EFFECTS OF ALCOHOL

- May lead to uncharacteristic or risky behaviors, such as dangerous driving or other reckless acts.
- May result in anger, violent behavior or depression which can intensify as more alcohol is consumed. Can result in suicide or physical and sexual assaults.
- May result in memory loss, the ability to concentrate and problems in other intellectual functions.
- Can create chaotic family dynamics. Spouses and children may face family violence, and children of individuals with AUD often experience emotional problems that can last into adulthood.
- Often results in decreased work or class attendance and performance, as well as problems in dealing with co-workers or other students.

TREATMENT

Mutual support groups such as:

- Alcoholics Anonymous (AA)
- Rational Recovery (RR)
- Women for Sobriety (WFS)
- Secular Organizations for Sobriety (SOS)

Alcohol treatment programs. Many types exist:

- **Outpatient treatment:** Conducted in hospitals, clinics, or rehabilitation centers, this typically involves group-based education facilitated by substance abuse counselors, psychologists, or social workers, usually lasting 6-10 weeks.
- **Day treatment programs:** Individuals attend a facility for structured therapy and education during the day but return home at night. This type of treatment is for those with more severe problems than outpatient care can address. It's also typically less costly than inpatient treatment.
- **Psychotherapy:** Can include individual, family, and/or group therapy.
- **Inpatient treatment:** Typically a 14 to 28-day stay in a hospital or residential facility, focusing on rehabilitation through education, and individual and group therapy to help the person achieve sobriety.
- **Aftercare:** Helps individuals transition back into daily life post-treatment through ongoing individual counseling, group therapy, and support group meetings (e.g., AA).

FDA-approved prescription medications are available to support alcohol treatment. Some medications work by reducing cravings and diminishing the rewarding effects of alcohol. Others create an aversive reaction, inducing unpleasant physical symptoms like nausea and vomiting if alcohol is consumed. Additionally, certain medications help manage acute alcohol withdrawal symptoms or support long-term abstinence once drinking has ceased.

TRIAGE QUESTIONS

Have you had memory lapses or blackouts due to drinking?

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**
(Note: "Counselor" in this section may also refer to self-help support groups such as Alcoholics Anonymous (AA.)

Do you continue to drink even though you have health problems caused by alcohol?

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**

Have you ever decided to stop drinking for a week or so, but only lasted for a couple of days?

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**

Do you get withdrawal symptoms, such as headaches, chills, shakes and a strong craving for alcohol and, as a result, drink more to get rid of these symptoms?

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**

Do you take part in high risk behaviors, such as unsafe sex in a non-monogamous relationship or driving a boat or car when under the influence of alcohol?

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**

Has drinking caused trouble at home, at school, at work and/or with relationships with others?

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**

Do you have to drink alcohol for any of the following reasons?

- To get through the day or unwind at the end of the day
- To cope with stressful life events
- To escape from on-going problems

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**

CONTINUE IN NEXT COLUMN

Do any of the following things apply to you?

- You hide your drinking from others and/or lie about your alcohol use.
- You wish others would stop nagging you about your alcohol use.
- You have switched from one kind of drink to another in the hope that this would keep you from getting drunk.
- You've had to have an early morning drink to get going.
- You envy people who can drink without getting drunk.
- You have tried to get extra drunk at a party because you didn't think you got enough to drink.
- You feel that your life would be better if you didn't drink.

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**

USE SELF-CARE

SELF-CARE

- Keep track of how much you drink and set goals for how many drinks you will have on certain days of the week.
- Know your limit and stick to it or don't drink any alcohol.
- Drink slowly, which can help reduce overall consumption.
- Pour less alcohol and more mixer in each drink.
- Alternate an alcoholic beverage with a non-alcoholic one.
- Eat when you drink to slow alcohol absorption.
- Talk to supportive individuals who listen to your feelings without judgment.
- Find ways to calm and entertain yourself other than with alcohol. Examples include hobbies, relaxation exercises and meditation, physical activities, music, movies, etc.
- Realize that if you are a parent, you are a role model for your children. They learn what they see. When you drink, do so responsibly.
- Don't drink any alcohol if you are pregnant.
- Never mix alcohol with driving, drugs, or operating machinery. Doing so can be fatal.
- Don't rely on coffee or fresh air to counteract alcohol. Only time can sober you up.
- Practice mindful drinking. Being fully present and aware of your alcohol consumption, including the reasons you're drinking, how it tastes and feels, and its effects on your body and mind. It can help you become more conscious of your habits and ultimately reduce your overall alcohol intake.
- Build drink refusal skills. For example, have a polite and concise "no, thanks" ready for when you are offered a drink.
- Contact your Employee Assistance Program (EAP) at work or student counseling center for information and other suggestions.

WHAT YOU CAN DO TO HELP SOMEONE

- Tell them you are concerned about them. Encourage them to seek professional help and/or join a support group. Reassure them of your support.
- Have phone numbers and websites handy for places or people they can call to get help.
- Attend a support group with or without your friend or relative to learn about AUD. Examples are:
  - Alcoholics Anonymous (AA)
  - Women for Sobriety
  - Rational Recovery
  - Al-Anon or Alateen which are designed for the persons affected by someone else's drinking, not for the person with an alcohol problem.
- Avoid codependent behavior. Do not lie or otherwise make excuses for your friend or relative's problems that arise from their drinking. Seek help if you find that you are behaving this way.
- Don't allow them to drive when they have been drinking. Insist on driving yourself if you are sober, or find another safe passage home. Refuse to be a passenger of someone who has been drinking.
- Take the following actions once they are getting help and recovering from AUD:
  - Don't keep liquor, wine, beer and drugs in the home. Drugs include mood altering medicines such as sleeping pills.
  - Encourage them to go to their support group meeting or place of treatment.
  - Attend any open meetings or counseling sessions to gain a deeper understanding of their recovery process.
  - Suggest activities that don't include drinking alcohol or taking drugs.

Anger

Anger is a natural emotion that we all experience when we feel frustrated or upset by life's challenges.

However, when anger spirals out of control, it can lead to physical health issues, drug or alcohol abuse, or even domestic violence. If anger is turned inward, it can manifest as depression, or be a symptom of depression itself.

Learning how to manage your anger can significantly improve your emotional well-being and overall well-being.

SIGNS & SYMPTOMS

Anger can range from mild displeasure to outright rage. Symptoms of anger include:

- Feeling restless
- Teeth clenching. Trembling of the lips or hands.
- Increased heart rate and blood pressure
- Yelling, slamming doors, etc.
- Being less productive
- Sleeping problems
- Violent outbursts

CAUSES

Anger can stem from both external and internal factors. On the internal side, things like unmet expectations, persistent worry about personal issues, or even low blood sugar can trigger an angry response. Externally, feelings of frustration, a sense of disrespect from others, or physical discomfort caused by heat, noise, or crowds can also provoke anger.

TREATMENT

Self-care measures can help in most cases. When these are not enough, an evaluation from a doctor or mental health care provider may be needed. Treatment will depend on the cause.

TRIAGE QUESTIONS

Did anger become a problem after a stroke, head injury, or head surgery?

NO **YES** ▶ **SEE DOCTOR**

With outbursts of anger do you have any of these problems?

- Memory loss or confusion
- You are less able to figure things out or remain alert.
- You can't perform routine tasks.

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**

Does anger result in any of these problems?

- Physical or emotional harm
- Destruction of property
- Plan to harm someone
- Anger can't be controlled when drinking or taking a drug.
- Long term anger causes a lot of stress or a feeling of having no power.

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**

Do any of these problems occur?

- Sudden fits of anger occur when not eating for several hours, especially in a person who has diabetes.
- In females, anger leads to aggression 10 to 14 days before menstrual periods.
- Anger interferes with day-to-day life.

NO **YES** ▶ **CALL DOCTOR**

USE SELF-CARE

FOR MORE INFORMATION:

Mental Health America (MHA)
800-969-6642
mhanational.org

SELF-CARE

- Don't ignore anger. Express it in a healthy assertive way.
  - Share your anger with a person you trust and feel safe with, such as a friend, partner, teacher, etc.
  - Communicate your anger calmly, clearly, and without cruelty. Getting anger "off your chest" often produces feelings of relief.
  - If you can't express your anger out loud, write it down.
- Express your wants, needs, and feelings in ways that do not offend others. Doing so can keep you from feeling that you were taken advantage of and getting angry as a result. Use "I" rather than "you" statements. For example, say "I feel frustrated when my ideas are overlooked," instead of "You always ignore my ideas."
- Identify your triggers. Pay attention to when and why you get angry and write it down. Look for patterns to help you understand your anger.
- Channel the energy from anger into something positive or creative. Clean out drawers. Take a short walk or do other exercises. Paint, write poems, etc.
- Distract yourself. If you're stuck in traffic, try to accept the delay and that it is beyond your control. Instead of clenching the steering wheel, listen to calming music.
- Find humor in situations that result in anger.
- Try to work on letting things go.
- Regularly use techniques like deep breathing or meditation to keep your overall stress levels in check.
- Pause and think before you act or speak. Try to understand your anger. Plan how you want to react or respond.
- Maintain regular eating habits.

Anxiety

Anxiety is a feeling of dread, fear or distress over a real or imagined threat to your mental or physical well-being.

Normal anxiety is a temporary, situation-specific response to stress, like feeling nervous before a big presentation. It generally subsides once the stressor is gone. Chronic anxiety, however, is persistent, excessive worry that often lacks a clear cause and significantly interferes with daily life.

SYMPTOMS

Physical

- Rapid pulse and/or breathing rate; racing or pounding heart
- Dry mouth; sweating
- Trembling
- Shortness of breath; faintness
- Numbness/tingling of the hands, feet or other body part
- Feeling a "lump in the throat"
- Stomach problems

Psychological

- Anger
- Irritability
- Lack of concentration
- Poor memory

Anxiety can be a symptom of medical conditions such as:

- A heart attack
- An overactive thyroid gland (hyperthyroidism)
- Low blood sugar (hypoglycemia)
- An excess of hormones made by the glands located above the kidneys called the adrenal glands (Cushing's Syndrome)
- A side effect of some medications
- A withdrawal reaction from nicotine, alcohol, caffeine, drugs or medicines, such as sleeping pills

Anxiety can also be a symptom of a number of illnesses known as anxiety disorders. These include:

- Obsessive-Compulsive Behavior
- Panic Attacks and Panic Disorder
- Phobias
- Posttraumatic Stress Disorder (PTSD) and Critical Incident Stress Syndrome

TREATMENT

- Treating any medical condition which causes the anxiety
- Psychological counseling
- Medication. (Examples include anti-anxiety medicines, such as Xanax, and antidepressants, such as Tofranil and Prozac.)
- Self-help groups

TRIAGE QUESTIONS

With anxiety, are any of these heart attack signs present?
- Chest pressure or pain (may spread to the arm, neck, tooth, or jaw)
- Feeling of chest tightness, squeezing, or heaviness that lasts more than a few minutes or goes away and comes back
- Chest discomfort with: Shortness of breath; nausea; sweating; fast or uneven pulse; lightheadedness; or fainting
- Unusual chest, abdominal, or stomach pain
- An uneasy feeling in the chest with: Unexplained anxiety, fatigue, or weakness; fluttering heartbeats; or severe indigestion (that doesn't go away with an antacid)
- Sweating for no reason; pale, gray, or clammy skin

NO **YES** ▶ **GET EMERGENCY MEDICAL CARE**

With anxiety, are these signs present?
- Excessive hair growth
- Round face and puffy eyes
- Skin changes - reddening, thinning and stretch marks
- High blood pressure

NO **YES** ▶ **SEE DOCTOR**

Do you have these symptoms with the anxiety?
- Rapid heartbeat. Hyperactivity.
- Problems sleeping
- Weight loss
- Muscle weakness, tremors. Bulging eyes.
- Feeling hot or warm all the time

NO **YES** ▶ **SEE DOCTOR**

Do you have anxiety only under the following conditions?
- When you don't eat or when you do too much physically, especially if you are a diabetic
- During the two weeks before your menstrual periods if you are female

NO **YES** ▶ **CALL DOCTOR**

CONTINUE IN NEXT COLUMN

Does the anxiety come only after any of the following?
- Taking an over-the-counter (OTC) or prescription medicine
- Withdrawing from medication, nicotine, alcohol, or drugs

NO **YES** ▶ **CALL DOCTOR**

Have you had any of these problems?
- Panic attacks followed for one month by fears of getting another one
- Worry about what would happen with another panic attack
- A change in what you do related to panic attacks, such as avoiding places, not being able to leave the house, or being left alone

NO **YES** ▶ **CALL DOCTOR OR COUNSELOR**

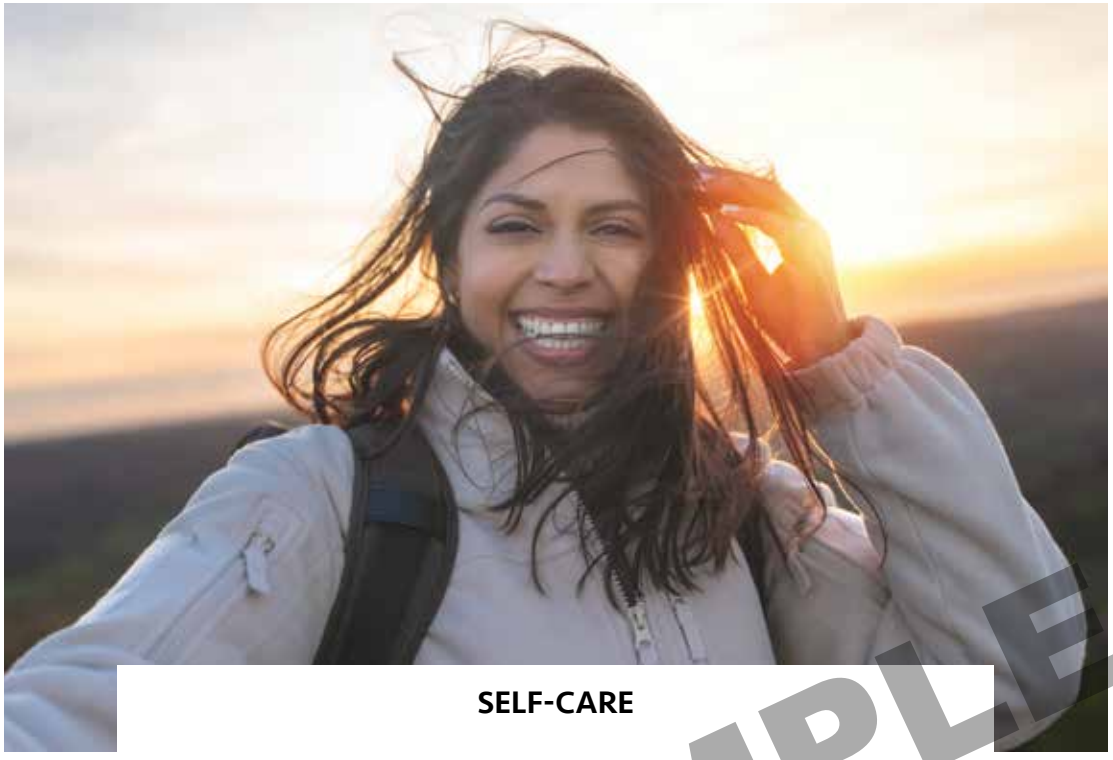
Do any of the following keep you from doing your daily activities?
- Checking something over and over again, such as checking if you've locked the door even though it is locked
- Repeated, unwanted thoughts, such as worrying you could harm someone
- Repeated, senseless acts, such as washing your hands over and over again

NO **YES** ▶ **CALL DOCTOR OR COUNSELOR**

Is anxiety in general keeping you from doing the things you need to do every day?

NO **YES** ▶ **CALL DOCTOR OR COUNSELOR**

USE SELF-CARE



SELF-CARE

- Look for the cause of the stress that results in anxiety and deal with it through the use of stress management techniques.
- Lessen your exposure to things that cause you distress.
- Talk about your fears and anxieties with someone you trust, such as a friend, spouse, teacher, etc.
- Eat healthy foods. Eat at regular times. Don't skip meals.
- If you are prone to low blood sugar episodes, eat 5-6 small meals per day instead of 3 larger ones. Avoid sweets on a regular basis, but carry a quick source of sugar with you at all times, such as a small package of regular candy. Eat a few to give you a quick boost in the event that you do get a low blood sugar reaction.
- Aim for regular exercise—30 minutes to an hour, five or more times a week.
- After noon, try to limit or avoid caffeine (coffee, certain teas, sodas, chocolate) as it can heighten anxiety and disrupt sleep. Consider switching to decaffeinated options.
- Avoid nicotine and use alcohol in moderation.
- Avoid over-the-counter medications, like diet pills or "stay awake" aids, that can have stimulating effects that mimic anxiety.
- Do some form of relaxation exercise daily. Examples include biofeedback, deep muscle relaxation, meditation and mindfulness, deep breathing exercises, yoga, and tai chi.
- Don't overwhelm yourself. Plan your schedule for what you can handle.
- Do a stress rehearsal for events that cause anxiety. Imagine yourself feeling calm and in control during the event several times before it really occurs.
- Learn breathing exercises that can help manage anxiety. Breathwork can slow your heart rate, calm your mind, and reduce physical symptoms, bringing a sense of control and ease..
- Help others. The positive feelings from this can help you overcome or forget about your anxiety.
- Improve sleep habits. Get 7-9 hours of sleep per day.

WHAT YOU CAN DO TO HELP SOMEONE

- Take their anxiety seriously. Avoid saying things like "you're being silly" or "just get over it." It can make them feel more alone and misunderstood, worsening their anxiety. Instead, validate their experience.
- Engage in activities with your friend or relative to help take their mind off their anxiety (i.e., exercise, shopping, etc.).
- If your friend or relative is being treated for an anxiety disorder, remind them to do the things their health care provider has advised.
- If your friend or relative is not getting help for their anxiety, encourage them to seek treatment.
- Respect their boundaries and needs. Never force them into situations that trigger their anxiety.
- Be willing to accept your friend or relative's need for "a way out" of a situation which they can't deal with. For example, if your friend or relative sometimes has a lot of anxiety in a crowded theater, get aisle seats and plan ahead of time what you are willing to do in case your friend or relative has an anxiety attack. It would be comforting for them to know that you are willing to take them home whenever they want, if this is the case.
- Do not force your friend or relative into a direct, sudden confrontation with their anxiety-provoking situation. This will only intensify the problem.

Bipolar disorder

Bipolar disorder is a mood disorder characterized by major shifts in mood, energy, and activity levels. Signs and symptoms go beyond typical mood swings. Bipolar disorder should be diagnosed by a professional.

SIGNS & SYMPTOMS

Bipolar disorder involves significant mood swings, ranging from intense "lows" to extreme "highs." During these "high" periods, known as manic phases, individuals might feel incredibly happy, giddy, or unusually energized. These cycles of "highs" and "lows" can last for days or even months.

Many individuals can feel balanced between these episodes. The pattern of these mood shifts varies greatly. Some may experience many depressive episodes with only a few manic ones, while for others, the opposite is true, with numerous manic periods and fewer depressive ones.

Depressive Phase

- Thoughts or attempts of death or suicide
- Feelings of prolonged sadness, hopelessness, helplessness, or total indifference
- Inability to concentrate or remember things
- Crying spells
- Withdrawal from activities the person used to enjoy
- Jumpiness or irritability

Manic Phase

- **Euphoria:** The person feels "on top of the world." Nothing, not even a tragedy, changes these extreme feelings of happiness. These feelings are out of proportion to an event or come with no apparent reason. They can last a long time.
- **Hyperactivity:** The person can do a great number of things and show little need for sleep.
- Paranoia, delusions, and/or hallucinations in some people.
- **Racing thoughts:** The person's thoughts race from one thing to another. When they talk, words come out in a non-stop rush of ideas that quickly change from topic to topic. They may be hard to understand.
- **Loss of restraint and lack of judgment:** The person may take part in high risk activities, such as reckless driving, substance abuse, gambling, unprotected sex, or shopping sprees. They feel there will be no repercussions or consequences.

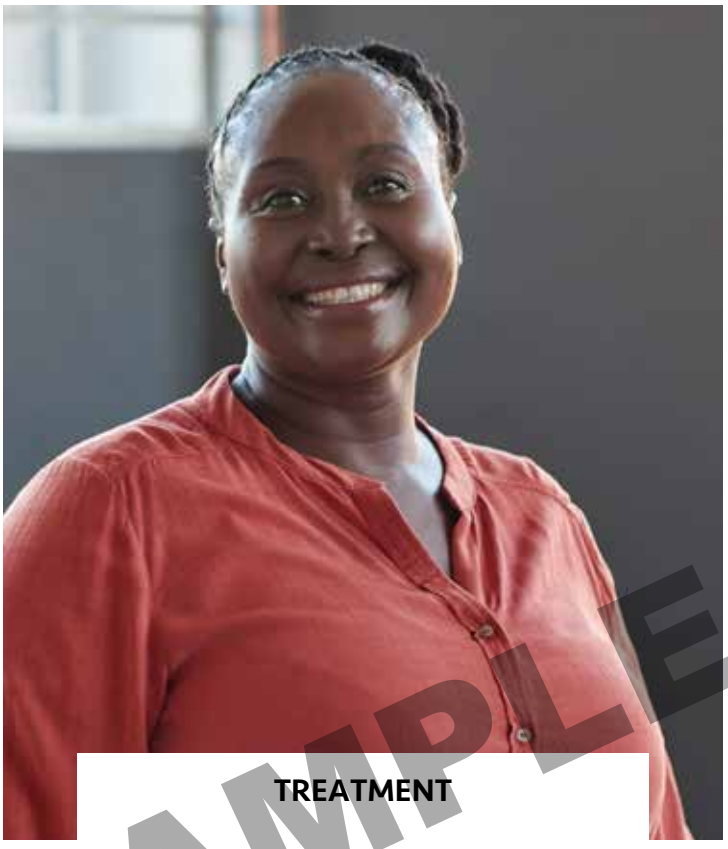
CAUSES

Bipolar disorder can occur at any age. About 4 in 100 people have bipolar disorder sometime in their life. It affects men and women about the same.

Bipolar disorder tends to run in families. People may inherit the genetic makeup to develop the illness, which can then be triggered by environmental factors, such as high stress or traumatic life events.

Imbalances in neurotransmitters—the brain's chemical messengers—play a significant role in bipolar disorder. These imbalances can affect mood, energy, and cognitive function.

It's also important to remember that long-term or chronic stress, such as dealing with a difficult family relationship, can aggravate this condition.



TREATMENT

Nearly everyone who suffers from bipolar disorder, even those with the most severe cases, can be treated successfully with professional help. This condition should not be treated solely by oneself. Treatment usually includes a combination of medication, therapy, lifestyle changes, and support from family, friends, and peers.

- **Medications:** Drugs, such as lithium, are very effective in controlling the manic episodes and lessen the severity of the depressive episodes. They act to prevent the recurrence of both manic and depressive episodes.
- **Therapy:** Both individual and group therapy can be useful, including Cognitive Behavioral Therapy, and family-focused therapies.
- **Lifestyle changes:** This includes sticking to a regular sleep schedule and exercising regularly. Reducing or avoiding alcohol and caffeine is also helpful, as well as mind-body practices, such as meditation, yoga, etc.
- **Support:** Receiving support from family and friends and mutual-help groups help the person learn coping skills and feel accepted.
- **Hospitalization:** This may be needed when mania or depression is out of control.
- **Electroconvulsive therapy (ECT):** Electric shocks to the brain are sometimes used in treating very severe depressive episodes that do not respond to medication.

WHAT YOU CAN DO TO HELP SOMEONE

- First, point the person towards treatment by making them aware of unusual episodes of high/low behavior that will simply not go away on their own.
- Some people need to be taken to a hospital during a severe depressive or manic episode because of suicide attempts or other dangerous/anti-social behavior. They may need to be hospitalized at this time for their own protection.
- Offer your support and encouragement as it often takes a period of time to determine what types of treatment are best for each patient.
- If medication is prescribed, gently remind your friend or relative to take it consistently, even when they're feeling well. Consistency is key to managing mood stability.
- Be aware of their side effects. If you notice anything concerning, encourage them to share this with their doctor. You can also ask their doctor what side effects to anticipate so you're better informed.

Burnout

Burnout is a condition of feeling mentally, emotionally, and often physically exhausted or worn out. You can get burnout when life demands more energy than you have to give. Burnout is a gradual process that builds over time by prolonged or repeated stress.

SYMPTOMS

- Emotional exhaustion
- Loss of enthusiasm for work, school, family or friends
- Feelings of helplessness
- Poor concentration
- Depression, hopelessness
- Withdrawing from family and friends
- Physical problems, such as headaches, backaches, stomachaches, fatigue
- Emotional outbursts
- Acts of hostility

CAUSES

- Working long hours or more than one job
- Working in very demanding situations with low job satisfaction and little control
- Unclear job expectations
- Studying excessively or taking an excessively large number of classes
- Having relationships that drain you of energy physically and emotionally
- Being overly involved in community or social activities
- Being everything to everyone including the demands of being a caregiver for children, an elderly parent, or chronically ill or disabled loved one
- Perfectionism

TRAITS OF PERSONS MOST LIKELY TO SUFFER BURNOUT

- **Perfectionism:** A constant drive to meet extremely high standards.
- **People-pleasing:** A tendency to put others' needs ahead of their own.
- **High sense of responsibility:** Feeling overly responsible for others' well-being.
- **Difficulty delegating:** A resistance to ask for help or let others do tasks.

PREVENTION

Burnout is real, but it's also preventable. A little intention now can go a long way later. Try these strategies to help protect yourself from burnout:

1. Understand what burnout is — and know it can affect anyone, especially if you're doing too much for too long.
2. Be aware of physical signs and symptoms that may precede an episode of burnout. Examples: fatigue, headaches, frequent colds, or feeling emotionally drained.
3. Reduce long work or study hours if possible. Rest isn't laziness — it's necessary. Be thoughtful about how you prioritize your time.
4. Take short breaks throughout the day (5–10 minutes). A quick reset can actually boost your focus and energy.
5. Mentally remove yourself from your job, school, or other high stress situations. Step back and imagine how others might handle your tasks.
6. Seek support from loved ones, friends, and coworkers.
7. Discuss with your supervisor any on-the-job problems that could be leading to burnout.
8. Sleep well, move your body, and care for your physical health — it's all connected.
9. Do your best, but release the pressure to be perfect. Progress is more important than perfection.
10. Aim to face situations with openness and patience, at work and at home.

TRIAGE QUESTIONS

Do you suffer from more physical illnesses lately, such as headaches, colds, body aches and pains, stomach and other intestinal problems?

NO **YES** ▶ **SEE DOCTOR**

During the past six months, have you had any of these symptoms?

- Felt tired and worn out most of the time
- Been unable to carry out your normal daily activities
- Felt depressed a good deal of the time
- Enjoyed life less and less

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**

Do you have any of the following problems?

- You seem to be working harder and harder with no real accomplishment or satisfaction.
- You forget appointments and deadlines easily.
- You feel disoriented at the end of your workday.

NO **YES** ▶ **SEE COUNSELOR**

Do you have any of these problems?

- Increased frustration or anger on the job or in class
- A short temper
- Disappointment in others lately
- Increased difficulty in relating to others at work, school, home, and elsewhere
- You have begun to isolate yourself from others.

NO **YES** ▶ **SEE COUNSELOR**

USE SELF-CARE

SELF-CARE

- Get plenty of rest and quality sleep.
- Re-assess goals. Think about your career goals and life priorities. Evaluate them for where you are at this stage of your life. If you need help in assessing your goals, explore resources and courses on goal-setting and creating more work-life balance.
- Take a thoughtful look at your current life and intentionally focus only on what truly needs your energy right now. It's okay to set other tasks aside for later, or to defer them until you feel more supported and capable of handling them.
- Eat healthy foods to help you stay well fueled throughout the day and to promote long-term health.
- Move your body. Do some form of aerobic exercise (running, walking, bicycling, swimming). Aim for 30 minutes a day, 5 or more times a week.
- Set up a healthy daily routine. Instead of rushing out the door, aim for a more gentle start. Give yourself time to set a positive intention, stretch the body, and eat something nutritious. This helps create a calmer tone that can carry you through your day.
- Learn and practice relaxation skills, including mindfulness techniques, breathing exercises, and meditation.
- Spend time away from situations that cause you stress.
- Realize that you can't be everything to everyone. Delegate tasks at work and at home to lessen your load. Learn to set healthy boundaries, including learning to say "no."
- Make and take time for leisure activities that you enjoy. Do these on a daily, or at least, on a weekly basis.
- Discuss feelings and problems you are having with your family, friends and co-workers. Talking helps to ease feelings of isolation and frustration that feed burnout. If things don't get better, seek professional help.
- Use your vacation time or take a leave of absence from work or school if you can. Renew yourself with time away from the stress.

WHAT YOU CAN DO TO HELP SOMEONE

- **Tell them you care** about their health and well-being and worry that they could be having a problem with burnout. Suggest they get help.
- **Be supportive.** Don't underestimate the effects of stress/burnout. They can be very debilitating, both physically and emotionally. Tell them you are there for them and offer to help.
- **Educate yourself.** Read all you can on stress and burnout symptoms. Try to discuss these with your friend/relative. Helping them become aware of the symptoms may prevent them from suffering serious damage to their health.
- **Help them relax.** Encourage them to participate in relaxing activities, such as physical activities or a hobby they might enjoy, either on their own or with you.
- **Offer practical help.** Sometimes, the most meaningful support is helping with daily chores, errands, or childcare. This can give them much-needed time to rest and recover, but remember to only offer what you can genuinely manage yourself.

Codependency

Codependency refers to someone who takes on the role of "fixer" or constant caretaker for a person who's struggling — often with addiction, mental health issues, or illness. This person might be dealing with alcohol, drugs, gambling, or other challenges. The codependent is often a partner, family member, friend, or close coworker.

SIGNS & SYMPTOMS

A codependent person does these things:

- Enables or allows the person to continue their destructive course and denies that the person has a problem
- Rescues or makes excuses for the person's behavior
- Takes care of all household chores, money matters, etc.
- Rationalizes that the person's behavior is normal by simply letting it take place. The codependent person may take part in the same behavior as the addicted or troubled person.
- Acts like a hero or becomes the "super person" to maintain the family image
- Blames the person and makes them the scapegoat for all problems
- Withdraws from the family and acts like they don't care

CAUSES

A person is more likely to become codependent if they:

- Consistently put other people's wants and needs before their own
- Is afraid of being hurt and/or rejected by others. Is afraid of hurting others' feelings.
- Has low self-esteem or has a self-esteem tied to what is done for others
- Expects too much of themselves and others
- Feels overly responsible for others' behaviors and feelings
- Does not think it is okay to ask for help

TREATMENT

Most codependent people do not realize they have a problem. They think they are helping the troubled person, but they are not.

The first step in treatment is to admit to the problem. Self-care and counseling treat codependency. Counseling helps the codependent person rediscover themselves and identify self-defeating behavior patterns. For many people, self-care is not easy to do without the help of a counselor.

TRIAGE QUESTIONS

Do you do 3 or more of these things?

- You think more about another person's behavior and problems than about your own life.
- You feel anxious about the addicted or troubled person's behavior and constantly check on them.
- You worry that trying to stop controlling the other person could cause him or her to fall apart.
- You blame yourself for the person's problems.
- You cover up or "rescue" the person when caught in a lie or other embarrassing situation related to the addiction or other problem.
- You deny that the person has a "real" problem with drugs, alcohol, etc. and get angry and/or defensive when others suggest that a problem exists.

NO → **USE SELF-CARE**

YES → **SEE COUNSELOR**

SELF-CARE

- Make your well-being a top priority. Tune into your own feelings and needs. Find healthy ways to express stress and tough emotions. Practice self-care and build coping skills that support your mental and emotional health.
- Explore books, podcasts, or online resources about codependency. You may see yourself in the stories and feel less alone.
- Focus on these 3 **C**s:
  - You did not **cause** the other person's problem.
  - You can't **control** the other person.
  - You can't **cure** the problem.
- Be honest with yourself and others. Don't hide or make excuses for someone else's behavior. Acknowledge the problem and know that support is available — for both of you.
- Step back from rescuing. Constantly "saving" someone may feel helpful, but it often keeps both of you stuck.
- Get help for physical, verbal, and/or sexual abuse.
- Join a support group for codependency. Examples are self-help groups for family and friends of substance abusers, such as Al-Anon and Alateen.
- Continue with your normal family routines. For example, include a drinker when they are sober.
- Set boundaries on what you will and won't do. Be firm and stick to your limits.
- Try new hobbies, meet new people, or revisit old passions. Let yourself enjoy moments outside the stress.
- Take care of yourself and your family's well-being — no matter what path your loved one takes.

FOR MORE INFORMATION:

Mental Health America
800-969-6642
mhanational.org

National Domestic Violence Hotline
800-799-SAFE (799-7233)

Al-Anon Family Groups
888-4AL-ANON (425-2666)
al-anon.org.

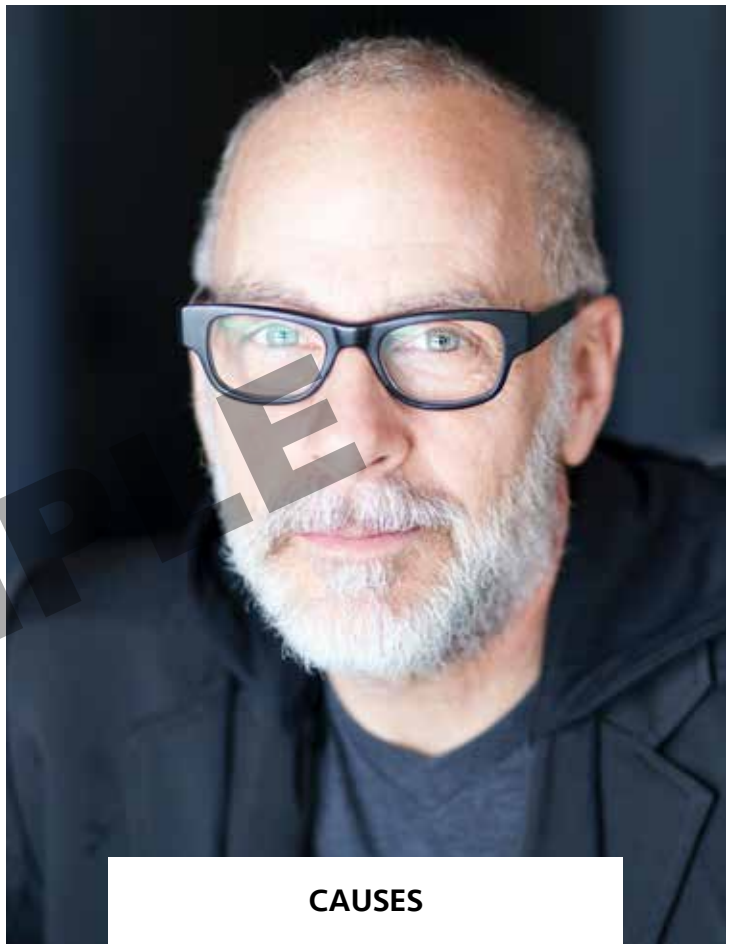
Depression

Depression is more than just feeling down or "off." It can make it hard to cope with daily life. It impacts how a person thinks, feels, moves, and acts. Depression is one of the most common — and treatable — mental health conditions.

SYMPTOMS

- Ongoing feelings of sadness, helplessness, hopelessness, guilt, or worthlessness.
- Loss of interest in activities that used to bring pleasure, including sex
- Fatigue. Loss of energy or enthusiasm.
- Difficulty concentrating or making decisions
- Anger, anxiety, or irritability
- Physical symptoms, such as headaches or digestive problems that don't respond to treatment and don't let up
- Changes in eating and sleeping patterns

No matter the cause, depression is treatable. Options include therapy, medication, and approaches tailored to your needs — like mindfulness practices for stress-related depression or lifestyle changes for burnout-related symptoms.



CAUSES

- Brain chemical imbalances
- Difficult life changes, such as going away to college, the ending of a relationship, retirement, loss of a job or death of a loved one
- Concern about one's grades and/or workload
- Worrying about money
- Medical illness, surgery, or disability
- Abuse of alcohol, drugs, and some medications
- Family history of depression
- Side effects of some medications
- Lack of natural, unfiltered sunlight between late fall and spring in some sensitive people. This is called Seasonal Affective Disorder (SAD).
- Emotional stress around holidays or anniversaries
- Low self-esteem and negative thinking patterns

TRIAGE QUESTIONS

Have you just attempted suicide, are making plans for suicide or have repeated thoughts of suicide or death?

NO **YES** ▶ **GET EMERGENCY MEDICAL CARE**

Have you noticed a loss of interest in almost all activities most of the day, nearly every day for at least two weeks?

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**

Have you been in a depressed mood most of the day, nearly every day and have you had any of these problems for at least two weeks?

- Feeling hopeless, worthless, guilty, slowed down, or restless
- Changes in appetite or weight
- Problems concentrating, thinking, remembering, or making decisions
- Feeling tired all the time
- Trouble sleeping or sleeping too much
- Headaches or other aches and pains
- Digestive or sexual problems
- Feeling worried or anxious
- Thoughts of death or suicide

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**

Has depression interfered with daily activities for more than two weeks? Have you withdrawn from normal activities during this time?

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**

Has the depression occurred with any of the following?

- Recent delivery of a baby
- A medical problem
- Taking over-the-counter or prescription medicine
- Abusing alcohol or drugs

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**

CONTINUE IN NEXT COLUMN

Are you depressed now and do any of the following apply?

- You have been depressed before and not gotten treatment.
- You have been treated for depression in the past and it has returned.
- You have taken medication for depression in the past.
- You have a family history of depression in a close relative.

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**

Does the depression come with dark, cloudy weather or winter months and does it lift when spring comes?

NO **YES** ▶ **CALL DOCTOR**

During holiday times, do you withdraw from family and friends or dwell on past holidays to the point that it interferes with your present life?

NO **YES** ▶ **CALL COUNSELOR**

USE SELF-CARE

SELF-CARE

- Take medications as prescribed. Get your doctor's advice before you take over-the-counter remedies, such as St. John's Wort, especially if you take other medications.
- Avoid illegal drugs and limit alcohol. These can worsen depression or interfere with your treatment. Mixing them with meds can also cause dangerous side effects.
- Try to get some physical activity. Just 30 minutes a day of walking can boost your mood.
- Eat regular, healthy meals and snacks.
- Try not to isolate yourself. Connect with people you trust and feel safe with, even if you feel down.
- Postpone important life decisions until you feel better.
- Do something you enjoy.
- Relax. Listen to upbeat music. Read a good book. Take a warm bath. Practice meditation.
- Talk to a friend, relative, co-worker or anyone who will let you express the tensions and frustrations you are feeling.
- Keep a crisis contact nearby, like the number for a hotline or someone you can reach out to when things feel overwhelming.
- If you're having suicidal thoughts, remove anything you could use to harm yourself and get immediate help. You can also call 988, the suicide and crisis lifeline for free and confidential emotional support.

WHAT YOU CAN DO TO HELP SOMEONE

- Encourage them to seek professional treatment. Depression, especially when it's ongoing or severe, usually won't improve without support. Let them know seeking help is a strong and positive step.
- Offer to help with the process. You might need to help schedule their first appointment or even go with them for support.
- Remind them to stick to their treatment plan and to take their prescribed medications.
- Stay alert. If they mention suicide or seem at risk, take it seriously and contact their therapist or doctor right away.
- Know their medication. You should alert their physician about any side effects that you notice when they take medication.
- Be supportive. Depression requires the patience, understanding, love and encouragement of their loved ones and friends.
- Talk with them regularly. Invite them to share how they're feeling, and remind them of their strengths and worth.
- Encourage them to go out and do things with you or with others, such as to see a movie or attend a social event. Do things they enjoyed doing in the past.
- Seek support from organizations and self-help groups that deal with depression.

Digital addiction

Digital addiction, also referred to as internet addiction or technology addiction, is a behavioral addiction characterized by an inability to control one's use of digital devices and online platforms, resulting in negative impacts on various aspects of life. Digital addiction can appear in many forms, each characterized by a specific type of online activity, such as social media, gaming, streaming, shopping, pornography, and news.

SIGNS & SYMPTOMS

Behavioral

- Feeling unable to stop checking your phone, social media, or gaming, even when it's not necessary.
- Spending more time online than intended, or being unable to cut back despite trying.
- Neglecting responsibilities, avoiding work, school, household duties, or other tasks to be online.
- Turning to screens to avoid stress, boredom, sadness, or anxiety instead of addressing the root emotions.
- Disrupting daily routines, such as skipping meals, neglecting hygiene, or staying up too late due to prolonged screen time.

Psychological

- Feeling anxious, agitated, or upset when you can't access the internet or digital devices.
- Experiencing mood swings, such as excitement or relief when going online, and sadness, anger, or frustration when offline.
- Having many online interactions but still feeling lonely, isolated, or disconnected from real-life relationships.
- Comparing yourself to others online, which can lead to feelings of inadequacy, insecurity, or low self-esteem.

CAUSES

Digital addiction can stem from behavioral and psychological factors. Those who suffer with mental health conditions, such as anxiety or depression, may use technology as a coping mechanism.

Stress, loneliness, boredom, and a desire to escape real-life problems can drive individuals to seek out the digital world. In addition, the availability and convenience of internet access through smartphones and other devices make it easy to fall into patterns of excessive use.

TRIAGE QUESTIONS

Do you do 2 or more of these things?

- Prioritize digital activities over important real-life obligations (work, school, relationships)
- Digital device use led to social isolation or a decline in real-life relationships
- Feel the need to hide or lie about the amount of time you spend using digital devices
- Digital device use led to significant emotional distress, such as feelings of hopelessness, depression, or severe anxiety
- Sleep has been disrupted by nighttime use of digital devices
- Continue to use digital devices despite experiencing significant negative consequences
- Feel like you can't control your digital device use, even when you try to cut back

NO **YES** **SEE DOCTOR OR COUNSELOR**

USE SELF-CARE

SELF-CARE

- Establish specific time limits for device use each day. For example, no screens during meals, after 9 p.m., or for the first hour after waking up.
- Designate certain areas of your home—like the bedroom, dining table, or bathroom—as screen-free zones to encourage mindfulness and presence.
- Plan regular time for screen-free hobbies: reading a physical book, exercising, cooking, journaling, or going for a walk. These activities naturally reduce digital cravings and improve mental clarity.
- Constant notifications train your brain to seek frequent digital stimulation. Disable alerts for non-urgent apps (social media, games, email) to reduce distractions and regain focus.
- Use apps to limit time spent on social platforms, or delete apps from your phone altogether.
- Practice digital mindfulness. Before picking up your device, pause and ask: "Why am I using this? What do I need right now?" This helps distinguish between intentional use and mindless scrolling.
- Decide how and why you're using your device—whether it's to connect with someone, learn something, or complete a task—and stick to that purpose.
- Try a digital detox challenge. Start small: commit to 1 hour or 1 day per week without screens. Use that time to reconnect with nature, loved ones, or yourself. Gradually increase the duration as it becomes more comfortable.
- Make an effort to spend more time in face-to-face interactions. Schedule coffee with a friend, attend a local event, or engage in group activities that promote in-person bonding.

Eating disorders

An eating disorder is a serious mental health condition that affects a person's relationship with food, body image, and self-worth. It involves unhealthy behaviors related to eating, such as restricting food, binge eating, or purging, often driven by a need for control, emotional distress, or distorted beliefs about body size or weight. Eating disorders can impact physical health, emotional well-being, and daily life—but with proper treatment and support, recovery is possible.

SIGNS & SYMPTOMS

Anorexia Nervosa

- Severe restriction of food, or eat very small quantities of only certain foods
- Loss of a lot of weight in a short time
- Intense, irrational fear of weight gain and/or of looking fat. Obsession with fat, calories, and weight.
- Distorted body image. Despite being below a normal weight for height and age, the person sees himself or herself as fat.
- A need to be perfect or in control in one area of life
- Marked physical signs. These include loss of hair, slowed heart rate, and low blood pressure. The person feels cold due to a lowered body temperature. In females, menstrual periods can stop.

Binge Eating Disorder

- Loss of control over eating
- Periods of nonstop eating that are not related to hunger
- Impulsive binging on food without purging
- Dieting and/or fasting over and over
- Weight can range from normal weight to mild, moderate, or severe obesity.
- Feeling distressed, ashamed, or guilty about eating

Bulimia Nervosa

- Repeated acts of binge eating and purging. Purging can be through vomiting; taking laxatives, water pills, and/or diet pills; fasting; and exercising a lot to "undo" the binge.
- Excessive concern about body weight
- Being overweight, underweight, or normal weight
- Dieting often
- Dental problems. Mouth sores. Chronic sore throat.
- Spending a lot of time in bathrooms
- Because of binge-purge cycles, severe health problems can occur. These include an irregular heartbeat and damage to the stomach, kidneys and bones.

CAUSES

An exact cause has not been found. Persons from all backgrounds, ages, and genders are affected.

Risk Factors for Eating Disorders

- A family history of eating disorders
- Social and media pressure to meet unrealistic body standards
- Personal and family pressures
- History of trauma, including physical, emotional, or sexual abuse
- Anxiety about puberty or body changes
- Discomfort or fear related to intimacy or sexuality
- Pressure for athletes to lose weight or to be thin for competitive sports
- Frequent or long-term dieting and body dissatisfaction

TREATMENT

There are different approaches to treating eating disorders and no one-size-fits-all approach. The earlier the condition is diagnosed and treated, the better the outcome.

- Counseling. This can be individual, family, or group forms of psychotherapy or cognitive behavioral therapy.
- Support groups
- Medication
- Nutrition therapy
- Outpatient treatment programs
- Hospitalization, if needed

TRIAGE QUESTIONS

Are you thinking about or making plans for suicide?

NO — YES ▶ **GET EMERGENCY MEDICAL CARE**

With abnormal eating, do you have any these problems?

- Rapid tooth decay. Low body temperature. Cold hands and feet. Tiredness or tremors.
- Thin hair or hair loss on the head. Baby-like hair on the body.
- Problems with digestion. Bloating. Constipation.
- Three or more missed periods in a row
- Times when you are depressed, euphoric and/or hyperactive
- Lack of concentration

NO — YES ▶ **SEE DOCTOR**

Do you hoard food, force yourself to vomit, and/or spend a lot of time in the bathroom from taking laxatives or water pills?

NO — YES ▶ **SEE DOCTOR OR COUNSELOR**

Did you binge and purge, fast, diet, and/or exercise on purpose to lose more than 10 pounds and do you have any of these problems?

- An intense fear of gaining weight or of getting fat
- You think you are fat but are a normal weight or are underweight. You diet and exercise in excess after reaching your goal weight.

NO — YES ▶ **SEE DOCTOR OR COUNSELOR**

Do you eat a large amount of food within 2 hours and can't control the amount of food you eat or can't stop eating? Do you also do at least 3 of these things?

- You eat very fast.
- You eat until you feel uncomfortable.
- You eat when you are not hungry.
- You eat alone, because you are embarrassed.
- You feel depressed, disgusted, and/or guilty after you overeat.

NO — YES ▶ **SEE DOCTOR OR COUNSELOR**

USE SELF-CARE

SELF-CARE
Eating disorders need professional treatment.

Help Prevent an Eating Disorder

- Embrace your unique self. Focus on accepting your body and who you are, rather than striving to look like anyone else. Surround yourself with people who uplift and accept you, not those fixated on body image.
- Understand true self-worth. Remember that your self-esteem is not tied to your body weight or appearance.
- Eat nutritious foods. Focus on whole grains, beans, fresh fruits and vegetables, low-fat dairy foods, and lean meats.
- Aim for balanced eating. Strive for a pattern of consistent, normal eating. This takes time and courage, especially when overcoming fears about weight gain.
- Don't skip meals. Missing a meal can often lead to overwhelming hunger and increase the likelihood of binge eating later.
- Focus on accomplishments and activities that make you feel capable and fulfilled, separate from your body.
- Move your body joyfully. Aim for regular, moderate exercise that you enjoy 3-4 times a week. Ensure you also prioritize non-exercise activities with loved ones.
- As a parent, be a role model for healthy eating and regular physical activity. Also, help your child learn that media images are often unrealistic and to avoid watching and comparing oneself to those images.

Treat an Eating Disorder

- Follow your treatment plan. To be successful, be actively involved in your treatment.
- Attend counseling sessions and/or support group meetings as scheduled.
- Identify feelings before, during, and after you overeat, binge, purge, or restrict food intake.
- Set small goals that you can easily reach. Congratulate yourself for every success. This is a process. Accept setbacks. Learn from them.
- Talk to someone you trust instead of turning to food.
- Learn to express your rights. You have the right to say "no" and the right to express your feelings and your opinions. You have the right to ask that your needs are met.
- Keep a journal of your progress, feelings, thoughts, etc., but not about what you eat. The journal is just for you, not for others to read or judge. This is a safe place to be honest with yourself. The journal can also help you identify your "triggers" so that you can deal with them in the future.
- Think about your accomplishments, positive personal qualities, and valued relationships.

FOR MORE INFORMATION:

Eating Disorders Awareness and Prevention
800-931-2237
nationaleatingdisorders.org

Gambling problems

For many people, gambling is a social and responsible activity. However, for a significant number of adults—around 4%—it can begin to seriously disrupt their lives.

Approximately 1% of U.S. adults meet the criteria for a severe gambling disorder, a recognized behavioral addiction. Another 2-3% experience concerning gambling behaviors that cause problems, even if they don't meet the full diagnostic threshold for the disorder.

SIGNS & SYMPTOMS

Gambling disorder is a behavioral addiction where a person struggles with a persistent and problematic pattern of gambling behavior. Individuals experiencing this disorder typically exhibit at least four of the following signs:

- They are pre-occupied with gambling. They dwell on past gambling events, plan future gambling bouts, and/or think about ways to get money to gamble with.
- They need to gamble with increasing amounts of money to achieve the desired level of excitement.
- They have tried to control, limit, or stop gambling without success.
- They feel uneasy or irritable when attempting to reduce or stop gambling.
- They gamble to escape problems or to relieve negative feelings.
- They gamble to get even for past gambling losses.
- They lie to others to hide how much they are involved with gambling.
- They have stolen or done another illegal act to get money for gambling.
- They have lost a job, a relationship, etc., due to gambling.
- They depend on others to provide financial bailouts from gambling-related debt.

Common Issues Related to Gambling Disorder

- Substance use
- Sleep disturbances
- Stress-related health issues, including high blood pressure, chronic headaches, and mood disorders, such as depression
- Suicidal thoughts
- Distorted beliefs about wealth
- Misconceptions of money (believing money is both their problem and solution)
- False sense of control

CAUSES

Gambling disorder often emerges when gambling behavior becomes uncontrollable. While it might follow years of casual gambling, it's frequently triggered by a significant stressful event or increased exposure to gambling opportunities.

Individuals are more likely to develop a gambling disorder if one or both parents struggled with problematic drinking or gambling.

TREATMENT

It's important to remember that gambling disorder requires professional treatment and compassionate support.

TRIAGE QUESTIONS

Do you have one or more signs & symptoms for pathological gambling?

NO

YES ▶ SEE COUNSELOR

Do you gamble only when your mood is abnormally and constantly elevated?

NO

YES ▶ SEE COUNSELOR

USE SELF-CARE

SELF-CARE

Along with professional treatment:

- Learn all you can about gambling and its effects.
- Contact Gamblers Anonymous (GA) listed below.
- Ask your family and friends to help you take part in non-gambling activities.
- When you feel compelled to gamble, do something else. Exercise. Take a warm bath or shower. Spend time on a hobby.
- Get involved in school, church, and community activities. These can help distract you from gambling.

FOR MORE INFORMATION:

Gamblers Anonymous
International Service Office
909-931-9056
gamblersanonymous.org

Grief/bereavement

Grief is a deep sadness, anguish, or sorrow that results from a loss. The loss can be a major or minor one. Almost any significant change or turning point in your life can cause a sense of loss.

Bereavement is grieving most often linked with the death of a loved one. Grieving the loss of a loved one can last weeks, months, or years. It's important to remember that everyone's grief journey is unique.

SYMPTOMS OF GRIEF

Emotional:

- Deep sadness, crying spells
- Anger, irritability, or frustration
- Guilt or regret over things said or unsaid
- Anxiety or fear about the future
- Feeling numb or emotionally disconnected

Physical:

- Fatigue or low energy
- Changes in appetite or weight
- Trouble sleeping or oversleeping
- Aches, pains, or tension without a clear cause
- Weakened immune system

Cognitive:

- Difficulty concentrating or making decisions
- Memory lapses
- Feeling confused or forgetful
- Preoccupation with the loss or the person who died

Spiritual:

- Questioning the meaning or purpose of life
- Feeling disconnected from faith or spiritual beliefs
- Seeking comfort through prayer, rituals, or nature
- Struggling to find hope or peace

CAUSES

- The death of a family member or friend. Loss of property. Moving to a new place.
- Relationship changes, such as getting divorced or having a child leave home
- An illness, injury, and/or disability
- A new or lost job, a promotion, demotion, or retirement

Factors that shape a person's response to a loss, such as death include:

- Age, gender, and health
- How sudden the loss was
- Cultural background. Religious beliefs.
- Finances
- Social network
- History of other losses or traumatic events

Each of these factors can add to or reduce the pain of grieving.

TREATMENT

Understanding the normal emotions of grief, the passage of time, and self-care measures treat most cases of grief. When these are not enough, counseling can help.

TRIAGE QUESTIONS

Have you just attempted suicide? Have you written a suicide note? Are you making plans for suicide or having repeated thoughts of suicide or death?

NO **YES** ▶ **GET EMERGENCY MEDICAL CARE**

Do you overuse medication and/or alcohol to feel better or to cope or "numb" the pain?

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**

Do you have any of these problems?

- Extreme stress with your marriage and/or children
- You can't cope day to day.
- You have ongoing problems with insomnia. You cry too much. You are depressed, feel guilty, or eat too much or too little.
- You refuse to sort through the deceased's belongings after time passes.

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**

USE SELF-CARE

SELF-CARE

- Focus on simple healthy habits—eat nourishing meals, move your body regularly, and try to get enough rest.
- Let trusted friends and family support you. Speak honestly about how you're feeling, and spend time with loved ones—especially during holidays or hard moments.
- Share and maintain memories of a lost loved one. Being reminded of the past can help with the process of coming to grips with a loss.
- Try not to make major life changes, such as moving during the first year of grieving.
- Consider joining a support group for people experiencing loss. You can find options through your workplace EAP, student counseling center, faith communities, funeral homes, or local hospice organizations.
- Explore books, podcasts, or articles about grief to better understand your experience and feel less alone.

FOR MORE INFORMATION:

AARP Grief Support
aarp.org/family/lifeafterloss

The Compassionate Friends
877-969-0010
compassionatefriends.org

Obsessive-compulsive behavior

Obsessive-compulsive behavior (OCD) involves persistent, intrusive thoughts (obsessions) and repetitive behaviors or mental acts (compulsions) a person feels driven to perform. These behaviors are often attempts to ease the anxiety brought on by obsessive thoughts. For example, frequent hand washing may be used to manage intense fear of germs. Some people experience obsessions without noticeable compulsions, and some repetitive actions may not be linked to specific obsessive thoughts.

COMMON OBSESSIONS

- Intense fear of germs or contamination
- Fear of losing control and causing harm
- Intrusive thoughts about injury to oneself or others

COMMON COMPULSIONS

- Excessive hand washing or cleaning the house many times during the day
- Endless organizing of closets, desktops, drawers
- Excessive list making, exercising, working
- Checking and re-checking to make sure doors are locked, water faucets and/or gas stoves are turned off, etc.

Not all repetitive behaviors are harmful. In some cases, they may simply reflect personal preferences.

But when they interfere with daily life or cause significant distress, it may be a sign of OCD—an anxiety disorder that benefits from professional support and treatment.

CAUSES

About 2% of Americans suffer from an obsessive-compulsive disorder (OCD) at some time in their lives. The disorder often begins during the teen or early adult years, but may begin in childhood. Females are twice as likely to be affected by OCD, but the disorder usually begins earlier in males.

A problem in brain function could be a cause of OCD. Mental health professionals also look into the interaction between biological and environmental causes of OCD.

RECOGNIZE OBSESSIVE-COMPULSIVE DISORDER

A person with obsessive-compulsive disorder usually knows that their obsessive thoughts and/or compulsive acts are excessive and unreasonable. They cannot stop them, though. Reasons to get professional help include:

- The obsessions or compulsions cause a lot of distress.
- The behavior prevents the person from living life the way they would like or causes problems with family, friends, school or work.
- Excessive behavior puts the person's health at risk.
- More than 1 hour a day is spent on obsessive or compulsive behaviors.

TREATMENT

- **Medication.** Certain antidepressants are used.
- **Therapy.** Behavior therapy and cognitive behavior therapy are used. Traditional talk therapy is not effective.

A combination of medication and behavioral therapy is often most effective. Guidance for family members should be a part of a complete treatment plan.

WHAT YOU CAN DO TO HELP SOMEONE

- The most important thing you can do is to get your friend or relative to seek professional treatment from a provider who is experienced with obsessive-compulsive disorder (OCD). Their illness, especially if it is severe and has persisted for a long time, will not go away on its own. Try to give positive feedback to the person about their seeking help.
- Be supportive. Take their obsessions or compulsions seriously. Telling them they are being "silly" or "childish" will not help them. It will only serve to increase their feelings of anxiety and alienation.
- If your friend or relative is being treated for this disorder, remind them to do the things their health care provider has advised.
- Know their medication. You may need to be aware of the types of medication the person needs to take and when they should take it. You should also alert their physician about any side effects that you notice when they take medication.
- Some mental health practitioners have the person keep a journal to gauge the extent and changes in compulsive behaviors. Remind your friend or relative to write in their journal, if they have one.

Panic attacks

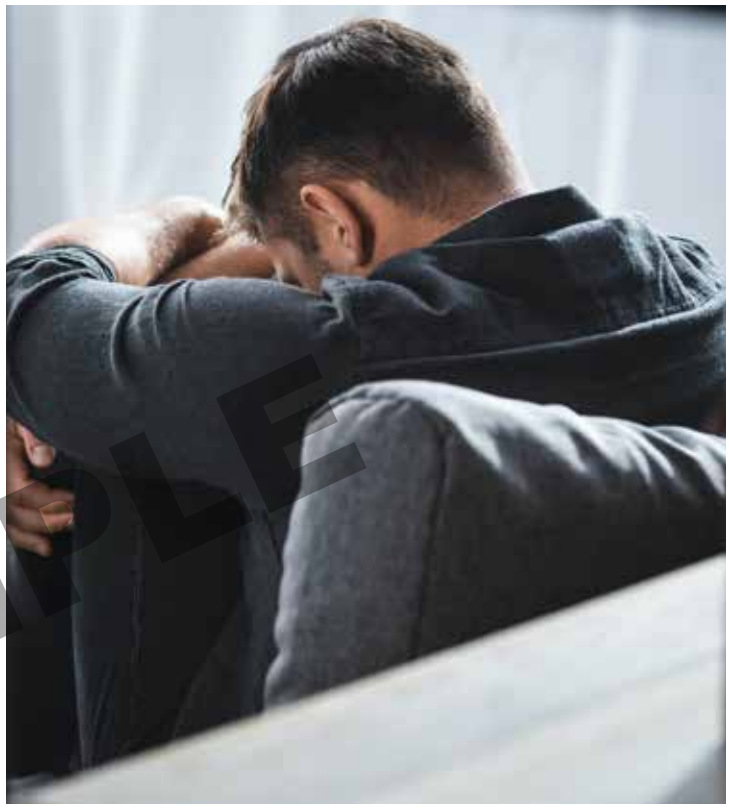
A panic attack is a brief episode of intense anxiety that comes on suddenly, often without warning. It can cause symptoms like chest tightness, rapid heartbeat, or feeling out of control. While frightening, it isn't harmful — it's your body reacting to stress in a heightened way.

SIGNS & SYMPTOMS

Four or more of the following symptoms define a panic attack:

- Shortness of breath or smothering sensations
- Sweating
- Choking feeling
- Racing heart rate or palpitations
- Chest pain or discomfort
- Feeling dizzy, faint or light-headed
- Trembling or shaking
- Nausea or abdominal distress
- Hot flashes or chills
- Numbness, tingling in the hands or feet
- Feelings of unreality or being detached from oneself
- Fear of losing control
- Fear of dying

A person having a panic attack may rush to an emergency room because they think they are having a heart attack, or losing control of their body.

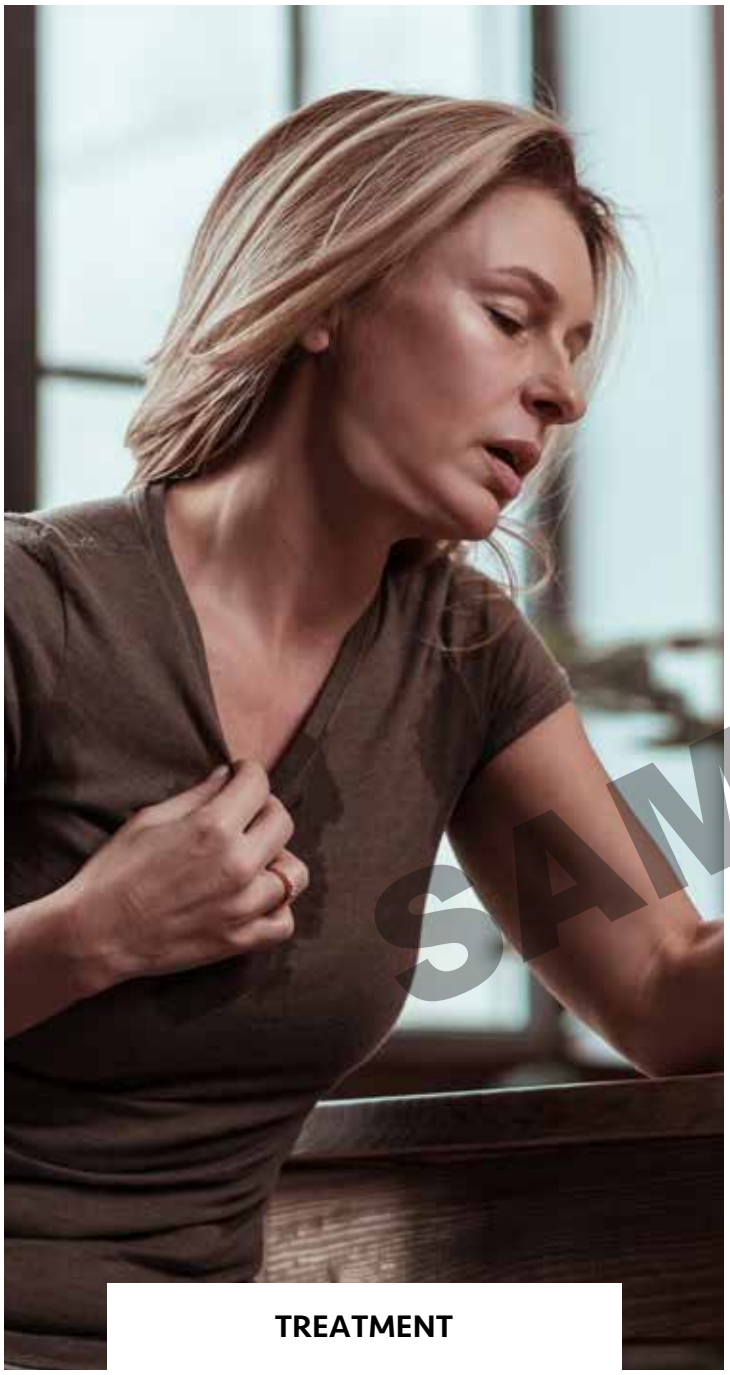


Persons who have repeated panic attacks begin to avoid situations they associate with past attacks. For example, if the panic attack took place in a grocery store and the person had to leave the store to get home to feel safe, the person avoids future trips to the grocery store. This can lead to a phobia called agoraphobia.

A person who has four or more panic attacks in any four week period could have panic disorder. The disorder can also be present if the person has less than four panic attacks in four weeks, but is afraid of having another panic attack.

Panic attack symptoms can be symptoms of many medical conditions. These include heart attack, hyperthyroidism, and low blood sugar. The symptoms can also be a side effect of drug abuse or some medications.

It is important to rule out any medical reasons for panic attack symptoms. Most persons who have panic disorder consult with their doctor 10 or more times before their condition is accurately diagnosed.



TREATMENT

- **Medication.** Certain antidepressants and anti-anxiety medicines are used.
- **Support groups.** These provide understanding and positive feedback to the person having panic attacks.
- **Therapy.** One type helps the person "reshape" the way they think to avoid panic attacks. Another type uses relaxation methods and a gradual exposure to situations they have avoided due to fear of another panic attack.

TRIAGE QUESTIONS

Do all of these apply to you?

- You have been to your doctor more than once with symptoms like those of a heart attack, such as chest pain, irregular heartbeat and shortness of breath.
- You've been told that your heart and physical health are OK from a thorough examination and proper testing.
- You continue to have panic attack symptoms.

NO **YES** → **SEE DOCTOR OR COUNSELOR**

Do you have recurrent panic attacks that come when you don't expect them and have one or more of these problems?

- Continued concern about having more panic attacks
- Worry about what will happen as the result of a panic attack, such as having a heart attack, losing control or "going crazy"
- A noted change in things you normally do because of past panic attacks

NO **YES** → **SEE DOCTOR OR COUNSELOR**

Do you avoid certain situations or places because they make you feel anxious and you think they will put you in danger?

NO **YES** → **SEE DOCTOR OR COUNSELOR**

Do you use alcohol or drugs to help you deal with situations that provoke the thought of another panic attack?

NO **YES** → **SEE DOCTOR OR COUNSELOR**

USE SELF-CARE

SELF-CARE

(**Note:** These tips are intended to be used in coordination with therapy from a mental health professional.)

Ways to manage less-severe panic attacks:

- Talk about your anxiety with a trusted friend, family member, or counselor.
- Remind yourself you are in no real danger.
- Try grounding techniques, such as focusing on a specific object and describing its details.
- Let time pass. Try to think ahead to what tasks you need to do when the panic will be gone.
- Aim for quality sleep, regular exercise, and a balanced diet.
- Learn as much as you can about panic attacks.
- Minimize exposure to things that cause distress.
- Repeat affirmations, such as "This is temporary," or "I can get through this."
- Keep things with you that will provide comfort and a sense of control in case another panic attack occurs. Example:
  - Keep the name and phone number of a person to call in case of an emergency.
- Be well prepared for exams or work demands. Prioritize tasks so you're not overwhelmed.
- Learn and practice stress management self-care techniques, including mindfulness and meditation.
- Limit your caffeine intake.
- Prepare for stressful situations. For example, if you need to give a group talk or presentation:
  - Have necessary materials and equipment ready ahead of time. Check to see that they work.
  - Prepare an outline with key points you want to make.
  - Anticipate problems that could occur and prepare to address them ahead of time.
  - Rehearse giving the presentation.

WHAT YOU CAN DO TO HELP SOMEONE

- Remain calm during the panic attack. Get emergency care if they are having heart attack warning signs.
  - Feeling of pain (may spread to or be felt in the arm, neck, tooth, jaw, or back), tightness, burning, squeezing, or heaviness in the chest that lasts more than a few minutes or goes away and comes back
  - Chest discomfort with fainting, lightheadedness, nausea, shortness of breath, or sweating
  - Unusual chest, abdominal, or stomach pain
  - Dizziness, nausea, trouble breathing, jaw or arm pain (in the absence of chest pain)
  - Fast or uneven heartbeat or pulse
  - Sweating for no reason; pale, gray, or clammy skin
- Remind them of learned relaxation or mindfulness techniques.
- Do not "force" them to stay in or go to a place they cannot handle. Be willing to accept their need for "a way out" of a situation which they can't deal with. For example, choose aisle seats and plan ahead of time what you are willing to do in case they have an attack in a crowded theater.
- Do not force them into a direct, sudden confrontation with their anxiety-provoking situation.

Paranoia

A person who is paranoid has fears, such as being watched, harmed or poisoned. They do not trust others and is suspicious that others are "out to get them." They can also dwell upon suspicious thoughts.

SIGNS & SYMPTOMS

- Persistent mistrust or suspicion of others
- Belief in conspiracies and that others are lying, plotting, or trying to cause harm
- Difficulty confiding in or trusting people
- Feeling of being watched or followed
- Being overly defensive or easily offended
- Being secretive or having a reluctance to confide in others in fear information will be used against them
- Dwelling on injustices, whether real or imagined
- Trouble relaxing or feeling constantly on edge
- Holding grudges or being unforgiving
- Social withdrawal or isolation

CAUSES

- **Underlying mental health conditions:** Such as schizophrenia, delusional disorder, paranoid personality disorder, severe anxiety, or bipolar disorder.
- **Stress and trauma:** Chronic stress, traumatic life events (especially childhood abuse or neglect), and social isolation can contribute.
- **Substance use:** Certain drugs (e.g., stimulants, cannabis) and alcohol use/withdrawal can induce paranoid thoughts.
- **Sleep deprivation:** Lack of adequate sleep can significantly worsen paranoid feelings.
- **Medical conditions:** Some neurological conditions (e.g., Alzheimer's, Parkinson's) or severe illnesses.

TREATMENT

Treatment for paranoia depends on its cause. If it is a symptom of another mental health condition, treatment for the condition will often take care of or lessen the paranoia. Paranoid personality disorder is treated with counseling, support therapy and sometimes with medication.

Treatment for this disorder is not easy, though, due to the nature of paranoia. Persons who are paranoid often do not trust others including doctors, therapists or family members trying to help them get treatment. Regardless of how slow the treatment process is, recovery and reconnection is possible.

WHAT YOU CAN DO TO HELP SOMEONE

- Encourage professional help. You may need to make the initial appointment with a professional. You may also need to take them to the appointment and stay with them.
- Be supportive. Paranoia requires patience, understanding, love and encouragement from the person's loved ones and friends.
- Know the medication your friend or relative takes and when they should take it. You should also alert their physician or psychiatrist to any side effects that you notice when they do or do not take their medication.

Parenting issues

Parenting can be deeply rewarding—but also challenging. Every family faces conflicts, stress, and growing pains. With the help of practical tools, parents can address common parenting struggles, improve communication, and build stronger, healthier relationships with their children.

It's normal for parenting to come with ups and downs, but sometimes the challenges go beyond everyday stress. If a child's behavior becomes consistently disruptive, withdrawn, or aggressive—or if parents feel overwhelmed, burned out, or unsure how to help—it may be time to seek professional support.

Warning signs can include constant conflict, emotional distance, major changes in eating or sleeping, or signs of anxiety or depression in either the parent or child. When everyday strategies no longer work, a counselor, therapist, or pediatric specialist can offer valuable insight, tools, and support for both the child and the family.

TRIAGE QUESTIONS

Are you planning ways to commit suicide or to harm your child as a way to get out of parenting?

NO ▼ YES ▶ **GET EMERGENCY MEDICAL CARE**

Do you have one or both of these concerns?
- Feel out of control and you are tempted to hit your child
- You fear that your child will harm you

NO ▼ YES ▶ **SEE COUNSELOR**

Are you or your child doing any of the following to cope?
- Taking drugs
- Abusing alcohol
- Taking part in dangerous activities

NO ▼ YES ▶ **SEE COUNSELOR**

Are you experiencing overwhelming problems in coping as a parent?

NO ▼ YES ▶ **SEE COUNSELOR**

Do you have frequent problems with your employer due to your child care/disciplining responsibilities?

NO ▼ YES ▶ **SEE COUNSELOR**

Does your child frequently act out of control in school, at home, and/or in social situations and are you not able to cope with this?

NO ▼ YES ▶ **SEE COUNSELOR**

USE SELF-CARE

SELF-CARE

Positive parenting is a philosophy and approach to raising children that prioritizes nurturing, respect, and effective guidance over harshness or permissiveness. At its heart, it's about building a strong, loving relationship with your child, fostering their self-esteem, and teaching them important life skills through empathy and understanding.

This approach significantly overlaps with, and often encompasses, the authoritative parenting style. While authoritative parenting specifically balances high demands with high responsiveness, positive parenting broadens this to emphasize the overall quality of the parent-child bond and a child's holistic development.

Core Principles

- **Unconditional love and connection:** Showing children affection, warmth, and acceptance creates a secure attachment, making children feel safe and loved, which is healthy for emotional development.
- **Respectful communication:** Positive parenting involves active listening, validating a child's feelings, and explaining the reasoning behind rules and decisions. It encourages children to express themselves, fostering open dialogue and mutual respect.
- **Clear, consistent, and compassionate boundaries:** It's important to be nurturing while also setting limits, and using discipline as a learning opportunity.
- **Empowerment:** Encourage children to develop independence, problem-solving skills, and self-regulation. This provides opportunities for children to make choices within safe boundaries, building their confidence and sense of responsibility.
- **Emotional coaching:** This involves teaching children to identify feelings, offering strategies for coping, and modeling healthy emotional expression.
- **Focus on strengths and positive reinforcement:** Instead of primarily focusing on misbehavior, positive parenting highlights and praises desired behaviors and efforts. This builds self-esteem and motivates children to continue positive actions.

Effects of Positive Parenting

Children raised with this approach tend to:

- Exhibit higher self-esteem and confidence.
- Develop stronger emotional skills and greater resilience.
- Achieve better academic outcomes.
- Have fewer behavioral problems, including reduced aggression and defiance.
- Report lower rates of anxiety, depression, and substance use in adulthood.
- Form more secure and healthier relationships with peers and adults.
- Show a greater sense of independence.
- Adopt healthier lifestyle habits, like eating well and having consistent exercise routines.
- Show a greater sense of curiosity and creativity.

COMMON PARENTING CONCERNS

Parenting today involves navigating new challenges shaped by technology, shifting social norms, and busy family lives.

Screen Time Management
Many parents worry about excessive device use affecting sleep, activity, and social skills. Try to:

- Set clear screen time limits
- Create tech-free zones (like during meals)
- Model healthy digital habits

Mental Health Awareness
While causes vary, conditions like anxiety and depression are rising among children and teens. Try to:

- Encourage open, judgment-free communication
- Watch for changes in mood or behavior
- Seek professional help when needed
- Focus on their efforts in school, not just grades
- Support learning rather than perfection
- Celebrate personal growth and curiosity

Work-Life Balance
Juggling work, home, school, and parenting responsibilities can feel overwhelming. Try to:

- Create simple, consistent routines
- Share responsibilities when possible
- Make time for self-care
- Prioritize quality time. Enjoy being present with your kids.

Parenting isn't about perfection—it's about connection, flexibility, and growing alongside your child. With awareness, support, and consistency, today's challenges can become opportunities for stronger family bonds.

Passive-aggressive behavior

People who act passive-aggressive show anger or upset feelings in quiet or hidden ways instead of being honest and direct. This can hurt friendships, make others confused, and cause trouble at work.

SIGNS & SYMPTOMS

Examples of passive-aggressive behaviors are:

- "Forgetting" to do something on purpose
- Making a habit of putting off or being late with social and/or job tasks
- Failing to do one's share of the work or doing sub-standard work on purpose
- A constant negative attitude
- Criticizing authority figures, not openly, but in subtle ways

Passive-aggressive behavior often comes from feeling upset or powerless. It's usually aimed at people like bosses, teachers, parents, or others in charge. The goal isn't always clear—even to the person doing it. They might not know their actions are causing hurt.

A person struggling with passive aggressive thoughts:

- Is irritable, defensive, and resentful
- Lacks self-confidence
- Has a hard time getting pleasure from relationships with others
- Feels others are making unreasonable demands on them, but thinks they are doing a better job than what they are given credit for
- Blames others for their problems
- Is not aware that their self-defeating behaviors are part of their personality

CAUSES

What causes passive-aggressive behavior? Some experts believe it starts with things that happened in childhood. If parents were too controlling or angry, the child may not have felt safe to speak up. So, they learned to show their feelings in quiet or hidden ways instead. For example, if a child got in trouble for disagreeing, they might stop speaking up and act out in other ways. This can become a habit over time. Even if someone didn't have those childhood experiences, passive-aggressive behavior often comes from deep anger, frustration, sadness, or neglect.

TRIAGE QUESTIONS

Do you do any of the following and does this cause a good deal of unhappiness and problems in your life?

- Passively resist doing routine social and work-related tasks
- Complain that others do not understand or appreciate you
- Act sullen and argue with others
- Criticize and scorn authority figures (parents, spouse, teachers, bosses, etc.) without reason
- Express envy and resentment toward persons you think are better off than you
- Exaggerate and complain a lot about your own problems

NO → **USE SELF-CARE**

YES → **SEE COUNSELOR**

SELF-CARE

- Take an assertiveness training course – these are offered at many hospitals, colleges, high schools, churches, and community education programs. Assertiveness training can help you express your feelings in the proper manner instead of using "hidden aggression."
- Stand back and try to look at your problems in an objective way. Determine if your own actions contribute to your problems, not the actions of others.
- Face your problems one step at a time. Share your thoughts, feelings, and needs with others instead of keeping them inside. Start with just one problem. For example, if you're putting off a project:
  - Break it down into smaller parts.
  - Make a checklist to complete each part and check each item off as it is completed.
  - Give yourself a meaningful reward with each item checked off.
  - Try to feel proud of getting things done for yourself, not just to avoid upsetting someone else.

WHAT YOU CAN DO TO HELP SOMEONE

- Learn to recognize the signs of passive-aggressive behavior. If you think that your friend or relative may be showing signs of this behavior, encourage them to see their physician or counselor. Do so in a caring and assertive way. Let the person's physician know about your observations if you are the person's parent or spouse.
- Encourage the person to take an assertiveness training course or other course that teaches effective ways to communicate.
- Don't make excuses for your friend's or relative's behavior. Don't do their work for them or bail them out when they do not take care of their own responsibilities.

Phobias

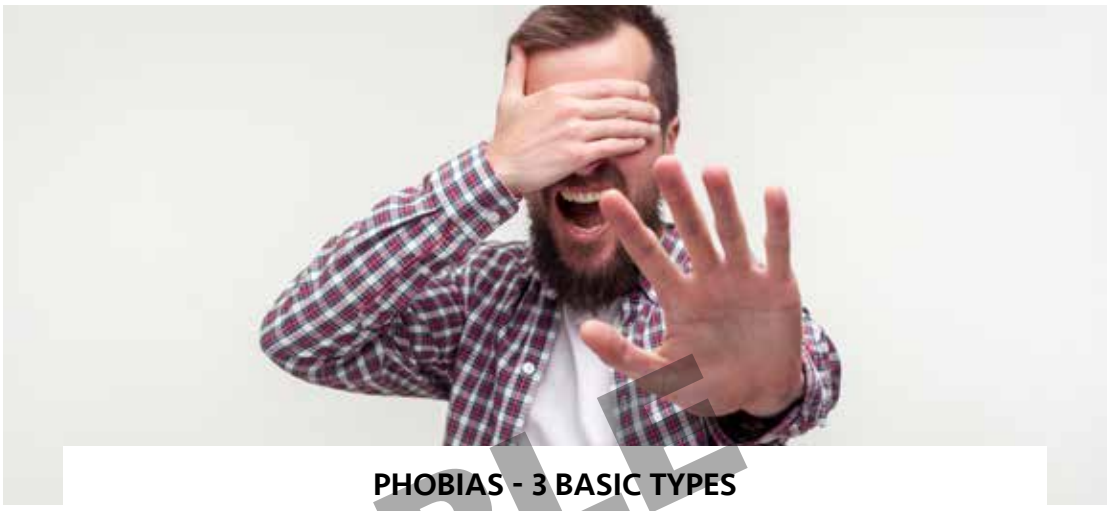
Phobias are intense, irrational fears of specific objects, situations, or activities. They fall under anxiety disorders and can significantly impact an individual's daily life.

SYMPTOMS

- Anxiety
- Rapid heartbeat
- Sweating
- Hot or cold flashes
- Choking, smothering feelings
- Shaking
- Dizziness, faintness
- The need to flee the situation
- Panic attack, sometimes

Children may express their anxiety by:

- Crying
- Clinging
- Tantrums
- Freezing in place



PHOBIAS - 3 BASIC TYPES

Specific Phobias
These are sometimes called simple phobias. The irrational fear is of specific objects, such as snakes, dogs, closed spaces or heights.

PHOBIA NAME:	FEAR OF:
Acrophobia	Heights
Arachneophobia	Spiders
Asterophobia	Thunder
Ceraunophobia	Lightning
Claustrophobia	Enclosed spaces
Hydrophobia	Water
Mysophobia	Dirt, Germs
Nyctophobia	Darkness
Ophidiophobia	Snakes
Pyrophobia	Fire
Xenophobia	Strangers
Zoophobia	Animals

Most of the time, simple phobias develop during childhood and often go away with time. Those that continue into adulthood rarely go away without treatment.

Social Phobia
The irrational fear is of being embarrassed or humiliated in public. Examples of situations leading to this include:

- Public speaking (this is the most common social phobia)
- Stage fright
- Eating in public
- Talking to co-workers
- Asking someone out on a date

Agoraphobia
The irrational fear is of being alone in public places from which the person:

- Feels trapped with no way to escape (or thinks it would be difficult to escape)
- Would be very embarrassed or helpless when phobic symptoms occur
- Fears being totally unable to take care of themselves if help was not around

Agoraphobia can occur with or without panic disorder. It most often comes after having panic attacks because the sufferer avoids the places where panic attacks occurred. They fear that something about the location caused the panic attack. The fear of having another panic attack can result in avoiding going out in public. In severe cases, persons with agoraphobia don't leave their home at all.

TREATMENT

Behavior Therapy
One type is called exposure therapy. This type exposes the person to the feared situation or object in one of two ways:

- Gradual exposure. This is called "Systematic Desensitization." A therapist works with the person in gradual steps. First the person learns relaxation methods to deal with the physical responses to their phobia. Second, the person imagines the source of the phobia. Next, the person looks at pictures of the feared object or ones that depict the feared situation. Finally, the person is gradually exposed to the situation or feared object.
- Direct exposure. This is known as "Flooding." The person is exposed to the feared object or situation all at once (in the presence of a therapist). The person stays in that situation until their anxiety is markedly less than its previous level. Sessions doing this are repeated until the person can handle the phobic situation alone.

Cognitive Behavioral Therapy
This teaches new skills to react differently to situations and how to change thinking patterns.

Eye Movement Desensitization and Reprocessing (EMDR)
This method integrates elements of many effective psychotherapies in combination with eye movements or other forms of rhythmical stimulation. It stimulates the brain's information processing system to help clients identify, neutralize, adapt to or resolve upsetting memories of a traumatic event.

Group Therapy
And/or self-help support group therapy such as Agoraphobics in Motion (A.I.M.).

Medication
Types include certain anti-depressants, anti-anxiety medicines, tranquilizers and ones known as beta-blockers. These medicines block or reduce the panic symptoms that come with phobic situations. In so doing, they help a person confront the feared situation when they might have been too afraid to do so otherwise.

Medications are especially helpful for persons with agoraphobia with panic disorder. Certain beta-blockers can be useful for persons who suffer from stage fright.

TRIAGE QUESTIONS

Do you have all of these problems?

- Panic Disorder
- Anxiety about being in places or situations from which escape might be difficult or embarrassing or in which you could not get help if you had a panic attack
- Avoidance of being alone in places outside of the home, such as ones that involve:
  - Being in a crowd
  - Standing in a line
  - Being on a bridge
  - Traveling in a car, bus or train

NO YES ▶ SEE DOCTOR OR COUNSELOR

Did you answer "yes" to parts two and three of the first question, but you don't have panic disorder or get panic attacks?

NO YES ▶ SEE COUNSELOR

Are there certain objects or situations which cause you to feel intense fear or terror to the point that you lose control of yourself?

NO YES ▶ SEE COUNSELOR

Do you avoid certain situations, objects, persons or places to the point that doing so is interfering with tasks you want to get done?

NO YES ▶ SEE COUNSELOR

USE SELF-CARE

SELF-CARE

The following tips are ways to deal with phobias that do not disrupt your daily life. They may also be used with or after professional treatment.

- List your irrational fears. Writing them down helps you to identify them. Try to figure out why you have the fears, what you think they mean, what they might symbolize and what you can do to deal with them. Doing these things can give you some control over your fears.
- If you have a fear of speaking in public, enroll in a public speaking course, such as Dale Carnegie or Toastmasters.
- If you are afraid of flying, take a course designed to help people conquer this fear.
- The "Now Awareness Technique" can be used to overcome a phobic reaction.
- Learn and practice relaxation techniques. These allow you to feel more comfortable and show that you can control the physical symptoms which result from your phobia. They also help you to overcome your phobia by allowing you to remain in the situation long enough to realize that you are not in any danger.

Two important relaxation techniques to use are:

- Controlled Breathing. When you panic, you over-breathe or hyperventilate which makes you dizzy. This causes your heart to race and makes you feel weak and tremble. Take a few deep breaths and hold each one to the count of 3, then exhale slowly to the count of 3. This will help restore normal breathing, slow your pulse and remedy your dizziness and shakiness.
- Tension Control. When you panic, you tense your muscles making them feel hard and uncomfortable. Concentrate on each muscle group (arms, legs, neck, shoulders) and consciously relax them until you feel the tension subside. Practice this technique until you can relax your muscles simply by "thinking" about relaxing them.

WHAT YOU CAN DO TO HELP SOMEONE

- **Be supportive.** Take their phobia seriously. A phobic person suffers an intense fear of something you most likely find harmless. Telling them they are being "silly" or "childish" will not help them. It will only serve to increase their feelings of anxiety and alienation.
- **Do not attempt "flooding" on your friend or relative.** Forcing your friend or relative into a direct, sudden confrontation with their feared object, person, situation, etc. will only intensify their panic and physical distress. Only a trained professional should use this method.

Posttraumatic stress disorder

Posttraumatic stress disorder (PTSD) affects people who have survived any type of trauma, such as that which occurs with:

- Fires
- Hurricanes
- Airplane crashes
- Riots
- Rape
- Domestic abuse
- Hostage situations
- Crime victim
- Child abuse
- Wars and combat
- Loss of a loved one
- Automobile crashes

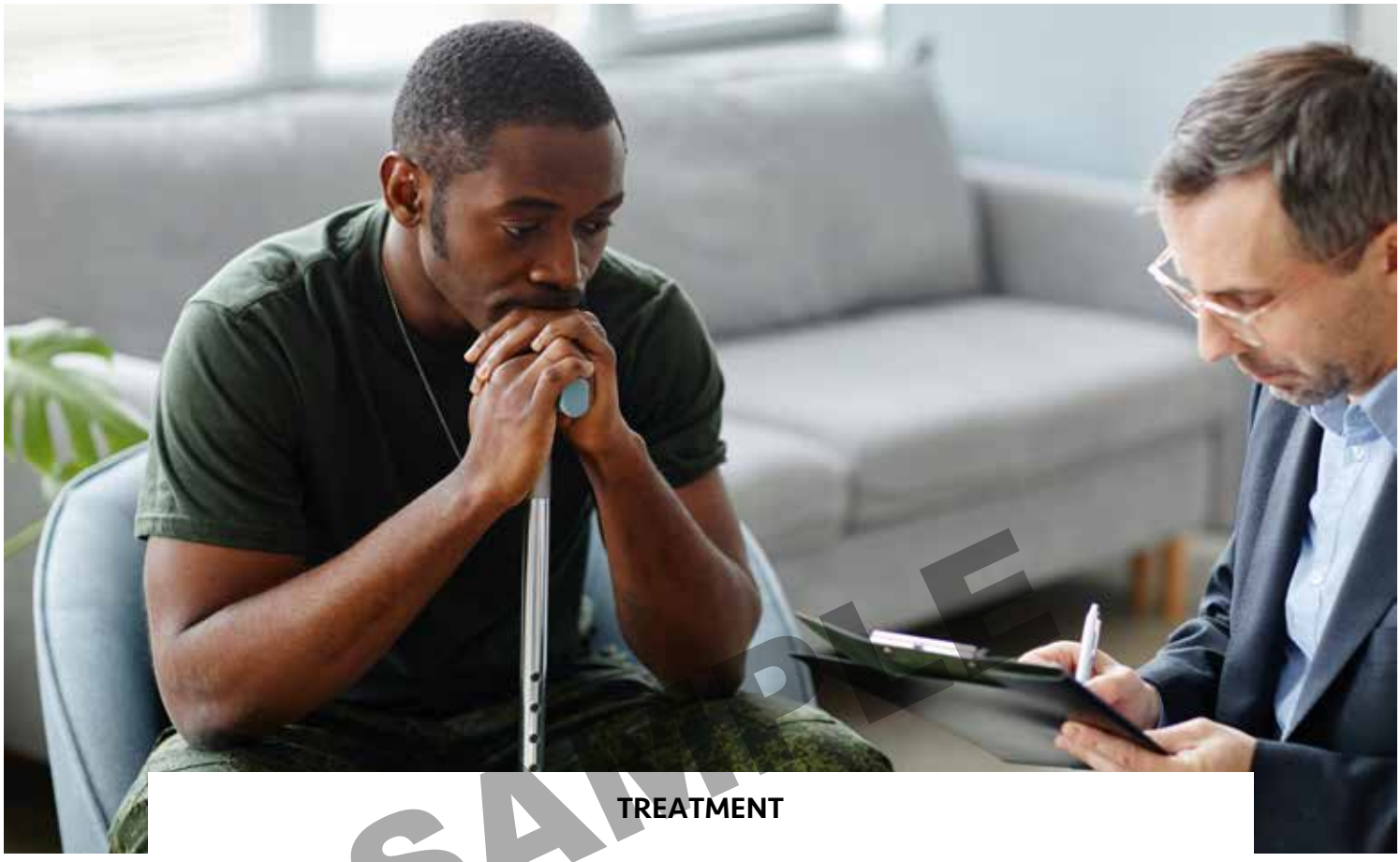
Posttraumatic stress disorder is sometimes called "shell shock" or "battle fatigue" because soldiers who were involved in heavy combat are likely victims of this condition. About 7% of people in the U.S. will have PTSD at some point in their lives. Women are more likely to suffer from PTSD than men.

SYMPTOMS

The symptoms of PTSD surface after the event has ended, sometimes as long as several years later. A person suffering from PTSD often experiences the following:

- **Flashback:** Reliving the event with all its painful memories and emotions. When this occurs, the person's attention is completely diverted from the present reality.
- **"Unreal" reality:** A state of mind like sleepwalking in which the person behaves as if they are actually experiencing the event again. The person is not completely aware of what they are doing, much like being in a dream state.
- **Nightmares:** Recurring, distressing dreams related to the event.
- **Insomnia:** Becoming afraid to go to sleep.
- **Sudden outbursts of emotion:** Having repeated outbursts of emotions through tears, anger, violent outbursts, extreme fear and/or panic attacks
- **Detachment from others:** Shying away from close emotional relationships. This usually follows a period in which the victim feels emotionally "numb" with few emotional responses and is only able to do routine, mechanical things.

- **Guilt:** Experiencing guilt if friends or family did not make it through the event. This is often called "Survivors Guilt."
- **Avoids situations:** Avoiding situations that remind them of the traumatic event, and actively trying not to think or talk about the event.
- **Alcohol/drug misuse:** Using alcohol and/or drugs to block out their emotions and help them forget the pain of the experience
- **Self-blaming:** Intense feelings of failure to protect other individuals involved in the event, or feeling as though they could have done something to prevent the event.
- **Poor concentration:** Trouble remembering recent events or staying focused in thought
- **Depression:** Finding it difficult to work out their guilt and grief resulting from the loss of loved ones and/or loss of security. They may also be unable to feel like they are "back in the real world."



TREATMENT

In most cases, PTSD should be treated by a mental health professional – a psychiatrist, psychologist, social worker or counselor. Treatment can usually be done on an outpatient basis. However, if you have become a threat to yourself or others, you may need to be hospitalized for treatment. Treatment will help:

- Discuss the event and the pain it has caused you.
- Resolve your feelings of grief which you may find hard to express.

Psychotherapy/talk therapy: Some types target the symptoms of PTSD directly. Other types focus on social, family, or job-related problems. Key components include education about symptoms, teaching skills to help identify the triggers of symptoms, and skills to manage the symptoms. Therapy also helps people identify and deal with guilt, shame, and other feelings.

Mindfulness based therapies: These may include certain types of meditation practices.

Family therapy: Your partner, children, siblings and/or parents may need to be included in your therapy because of your behavior toward them. This helps:

- Allow family members to cope with their emotions
- Foster good communication within the family
- Strengthen parenting roles, if appropriate

Self-help or peer counseling groups: You may join "survivor's" groups who share experiences with each other. This helps to show that:

- You are not alone in your feelings.
- Others may have reacted in the same way.
- Your feelings/emotions are normal and common to the situation.

Eye movement desensitization and reprocessing (EMDR).

Medication, such as anti-anxiety drugs, may be used in conjunction with the above therapies.

TRIAGE QUESTIONS

Have you been exposed to a traumatic event and were both of the following present?

- The event(s) involved actual or threatened death or serious harm to someone. This could have been personally experienced or just witnessed.
- Your response included intense fear, helplessness, or horror.

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**

Do you keep on re-experiencing the traumatic event in one or more of the following ways?

- Images or thoughts of the event recur and cause you distress. Flashbacks, illusions, or acting out the event occurs as if it were happening again.
- Repeated dreams of the event cause you distress. Intense emotional distress occurs when you see or think of things that resemble any part of the traumatic event.
- Physical symptoms, such as headaches, stomachaches, etc. occur when you see, hear, or think of things that resemble any part of the traumatic event.

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**

Do you avoid anything that reminds you of the traumatic event and feel a "numbness" to daily life events as indicated by three or more of the following?

- Avoid thinking or talking about the trauma and/or disregard your feelings about it
- Avoid activities, places or people
- Can't remember an important aspect of the trauma
- Have a noticeable lack of interest or participation in activities that are meaningful
- Feel detached from others
- Unable to have loving feelings
- Don't expect to have much of a future or a normal life span

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**

CONTINUE IN NEXT COLUMN

Are you more "jumpy" now compared to before the traumatic event as indicated by two or more of the following?

- A hard time falling or staying asleep
- Outbursts of anger or irritability
- A hard time concentrating
- Always on the look-out to protect yourself from being harmed

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**

If you have answered NO to all of the questions, you probably do not have posttraumatic stress disorder. If you are not sure, see a counselor for a professional assessment.

Relationship/ marital problems

Relationships, while rewarding, often face hurdles. Exploring common relationship and marital issues can offer insights and strategies to navigate conflicts, foster communication, and strengthen bonds.

CAUSES

Relationship and marital problems often stem from fast-paced lifestyles, shifting priorities, and technology use. Common causes include:

- Poor communication. Misunderstandings and lack of active listening
- Stress. Work, financial, or parenting pressures affecting connection
- Technology overuse. Excessive screen time reducing quality time together
- Unrealistic expectations. Influenced by social media or past experiences
- Lack of intimacy. Emotional or physical disconnect
- Infidelity. Both emotional and physical affairs

Building a healthy relationship takes effort, openness, and mutual respect. Regular check-ins, quality time, and honest communication can make a big difference.

PREVENTION

Most of the time, these problems can be worked out by the persons involved. Professional help should be sought, though, if any of the following apply:

- The problems are severe.
- The problems keep you from doing your daily tasks.
- You cannot resolve the problems on your own.
- You want to strengthen your relationship(s).

TRIAGE QUESTIONS

Have you thought about suicide or harming the other person as a way to get out of a relationship?

NO **YES** ▶ **GET EMERGENCY MEDICAL CARE**

Are you or others you live with being physically abused?

NO **YES** ▶ **GET EMERGENCY MEDICAL CARE**

Have you been unable to perform your daily living tasks due to any of the following?

- Depression
- Physical or mental health conditions in yourself or others you live with
- Inability to make any decisions

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**

Are you acting out in ways that cause physical and/or emotional distress to others?

NO **YES** ▶ **SEE COUNSELOR**

Are you projecting your anger from one relationship onto others?

NO **YES** ▶ **SEE COUNSELOR**

Do you want to resolve a relationship problem(s), but you have not been able to do so on your own?

NO **YES** ▶ **SEE COUNSELOR**

Do you tend to cover up or make excuses for any kind of abuse in the marriage or relationship? This includes drug abuse, child abuse, gambling, and violence.

NO **YES** ▶ **SEE COUNSELOR**

CONTINUE IN NEXT COLUMN

Do you feel as though you can't be yourself with your mate or do you generally feel unsatisfied being part of a couple?

NO **YES** ▶ **SEE COUNSELOR**

Do issues that center around money, work, sex and affection, in-laws, children, partying, etc. go unresolved and tend to simmer just below the surface?

NO **YES** ▶ **SEE COUNSELOR**

Do the same concerns keep coming up and do you and your partner continue to have the same fight over and over?

NO **YES** ▶ **SEE COUNSELOR**

USE SELF-CARE

SELF-CARE: WAYS TO IMPROVE COMMUNICATION

- **Avoid blaming the other person.** This puts them on the defensive and prevents communication. When blaming starts, listening stops.
- **Practice active listening.** Ask questions to clear up what you don't understand.
- **Be sincere, honest, and show concern in your conversation.** Don't be sarcastic or make fun of the other person.
- **Try to let go.** Before getting into an argument, ask yourself if the issue can simply be "let go." Ask the other person, too. If you both say yes, work together to move forward.
- **Put yourself in the other person's shoes.** Try to see his or her point of view.
- **It's alright to discuss problem issues,** but be certain that you focus on how to solve the problem, not placing blame for it.
- **Remind each other of the many positive strengths of the relationship.** Build on these strong points. Don't dwell on the negative ones.
- **Try not to bring up old issues, disputes or grudges.** Practice forgiveness and let go of past hurts to foster a healthier, more loving relationship.
- **Timing is critical.** Ask yourself if it is the right time to bring up an issue. If the other person is undergoing problems with work, kids, and/or health, adding another problem to their burden is not likely to solve the issue. If possible, wait until the other person's burden has lightened to bring up another problem.
- **Don't approach an issue with the idea of changing the other person's mind** or convey an attitude that you're right and they are wrong.
- **Share the issue.** The problem belongs to both you and the other person. Work to understand your partner's position first, then to have them understand your position.
- **Omit distractions.** Try to avoid discussing relationship issues while multi-tasking, such as driving, doing chores, or taking care of children. Put phones and other devices away to better engage with your partner.
- **Make sure you know your own position** and be ready to state it clearly to the other person.
- **Speak from your perspective.**
  - State your position in terms of what your feelings about the issue are.
  - Don't make demands of the other person or put them down.
  - Use "I" rather than "you" messages. For example, if you are upset by the fact that the other person has begun to neglect their appearance, instead of saying "You look like a slob," it would be better to state "I like it better when your appearance is neat."
- **Listen with your heart.** Hear what the other person is saying regardless of how they say it. Allow them to be comfortable while they are stating their position. Don't take an "attack" position and wait for your turn to talk. Don't interrupt them while they are speaking.
- **Make a plan.** This should consist of what you can do to solve the issue and what you are willing to do. Knowing these things in advance can speed the solution and reconciliation process.
- **Go in peace.** Let the discussion run its course and end in peace with both of you at ease. Avoid "stewing" over who "won" or lost points. If you're still uneasy with the outcome, it's okay to revisit your position and try again to find common ground. Understand, however, that some issues may simply not have an immediate resolution.

SELF-CARE: SPECIFIC PROBLEM AREAS

Emotional Insecurity

- Focus on the idea that the relationship is more important than the problem.
- Face your emotional vulnerabilities, such as jealousy, possessiveness, or fear of abandonment. Addressing the issue can help you heal.
- Look for the cause of the insecurities. Some causes may be:
  - Your present or a past partner committed infidelity, causing feelings of distrust.
  - Your partner seems to pay more attention to others.
  - Other people find your partner attractive and flirt with them.
  - You fear your partner may one day lose interest in you and seek another partner.
- If your partner is struggling with a high-level of emotional insecurity, you can try to:
  - Be supportive. Recognize that your partner has a problem and encourage them to work on their behavior. Give positive feedback as they progress.
  - Practice self-care. Make sure you regularly reflect on your thoughts and feelings on the relationship to ensure you're moving in a healthy direction.
  - Be objective. Try to see the situation from your partner's point of view. Try to understand the root cause of their emotional insecurity.
  - Be mindful of behaviors or language that may provoke their insecurities. Discuss and identify behaviors or language that can spark negative reactions.
  - Don't isolate yourself. Do not withdraw or avoid other social relationships. This can be the consequence of dealing with a violent or otherwise abusive partner. Having a strong community and support system can help you navigate relationship challenges.
- Communicate. Talk to your partner about your feelings. Perhaps they are doing something they are not aware of that is causing you distress.
- Seek professional help. If you and your partner cannot move forward through communication, companionship and trying to create an otherwise satisfying relationship, consult a counselor.

Intimacy and Affection

- Discuss your needs with your partner.
- Ask your partner about their needs.
- Develop areas where both you and your partner have compatible needs/desires.

Money Matters

- Set financial goals. Decide together what you want to accomplish within a certain time (example: 6 months, 5 years, throughout life). Continue to review and modify your plans, if necessary.
- Develop a budget. You can do this in one of two ways:
  - Single Fund. Both partners have a joint account. This works if both can agree on a budget and spending practices.
  - Separate Finances. Each person is responsible for an agreed-on portion of the household costs. They are then free to do whatever they wish with the rest of their money.
- Organize financial records. Keep track of statements, check stubs, and receipts. These can help monitor spending.
- Establish a credit history in both partners' names.
- Limit how much you charge on credit cards. Opt for cards with the lowest interest rates, if you use them.
- Get professional help from an accountant, financial planner, or other specialist if you need help managing your money.

Schizophrenia

Schizophrenia is a serious mental health condition that affects how a person thinks, feels, and behaves. It can cause hallucinations, delusions, and disorganized thinking. People with schizophrenia may seem disconnected from reality, but with proper treatment—including medication and therapy—they can manage symptoms and lead meaningful, productive lives.

How severe the illness is varies from person to person. At times, people with schizophrenia appear normal. During an acute or psychotic phase, persons cannot think clearly and may lose all sense of who they or others are.

It is difficult to measure the exact prevalence of schizophrenia, but it is estimated to affect about 0.5% of the population.

It usually begins during adolescence or young adulthood, but it can also begin in middle or late life. Sometimes, types of schizophrenia are used to help identify a diagnosis.

TYPES OF SCHIZOPHRENIA

- **Paranoid schizophrenia.** The main symptom is a constant suspicion with the fear that someone is plotting to harm or destroy them.
- **Disorganized schizophrenia.** The main symptoms are incoherence, loose thought associations, or grossly disorganized behavior.
- **Catatonic schizophrenia.** The main symptom is marked psychomotor problems, such as stupor, rigidity, negativism, posturing, excitement.

CAUSES

Many factors may play a role in developing schizophrenia:

- The risk increases if one or both parents have schizophrenia.
- Factors in the environment. It may be triggered by stress or viral infections.
- Brain abnormalities, such as differences in the size of certain brain areas and in connections between brain areas.

SIGNS & SYMPTOMS

Often, the sufferer's family or friends are the first to notice the personality and behavior changes that go with schizophrenia. These changes may not be evident for months or even years. Initially, the person may:

- Feel tense
- Be unable to concentrate or sleep
- Withdraw from day-to-day activities and social events
- Neglect personal grooming
- Show problems in communicating

Symptoms become more bizarre as the illness goes on.
A person with schizophrenia may suffer from these symptoms:

- **Disordered thinking.** Thoughts shift from one topic to another without their control.
  - Associations among thoughts are very loose.
  - Thinking is not clear.
  - Sometimes, sufferers think that their thoughts are being broadcast to others or their thoughts echo in their heads.
  - The person's speech can be vague or muddled. They may substitute sounds or rhymes for words or make up words that don't have meaning to others.
- **Delusions.** False ideas that have no basis in reality. The person may believe that someone is spying on them or that they are a famous celebrity or religious figure.
  - Cognition. Having problems in attention, concentration, and memory, making it hard to follow a conversation, learn new things or remember things.
  - Abnormal movements. A person may repeat certain motions over and over.
- **Hallucinations.** Most often, this is in the form of hearing voices that comment on the person's thoughts or behaviors.
  - These voices may also insult the person or tell them what to do.
  - Less often, they are visual hallucinations – seeing things that do not exist.
- **Negative symptoms.** These include loss of motivation, interest or enjoyment in daily activities; withdrawal from social life, and difficulty showing emotions.

TREATMENT

Schizophrenia cannot be cured. Current treatments focus on helping individuals manage their symptoms, improve day-to-day function, and achieving personal goals, such as completing education, pursuing a career, and having fulfilling relationships.

Treatment options for schizophrenia depend on its type and severity. Severe cases need treatment in a hospital. This usually includes medication, therapy, and rehabilitation. Medications most often used are anti-psychotics, which help to alter abnormal brain chemistry. They reduce or get rid of the risk of relapse for many people when taken regularly. They also help the person better utilize therapy.

These medications can have many side effects so they should only be given under the care and monitoring of a physician, most often a psychiatrist. Various types of psychosocial therapies can help the person and their family and friends cope with the emotional aspects of the disorder. Its goal is to also find solutions to everyday challenges and manage symptoms, and to help prevent relapses. This is very important because schizophrenic attacks may come and go in cycles of relapse and remission.

The combination of medication and therapy should be tailored to the person's needs. Most who receive proper treatment function well within the community where they live.

Medical care and therapy, not self-care, are needed to treat schizophrenia.

WHAT YOU CAN DO TO HELP SOMEONE

- If you suspect someone you know has signs of schizophrenia, get them to see a physician for proper diagnosis and treatment. This may not be easy. They may not realize or want to admit that they need help. They may also be afraid of being abandoned.
- Contact a physician or mental health professional or agency for assistance in how to get help for them if they refuse it.
- Do not leave a person alone who seems to be extremely disturbed.
- Look for support groups and family support groups.
- Take part in family therapy sessions to learn what you can do to help both you and the person cope with the illness.
- See that your family member or friend takes their medication as ordered. If side effects occur, let their doctor know.
- Be respectful and supportive without tolerating dangerous or inappropriate behavior.

Note: It may take trials on different medications to find the medicine or combination of medicines that works best for a person.

Self-esteem

Self-esteem is the way we view and value ourselves. It reflects our sense of self-worth, confidence, and belief in our abilities. Healthy self-esteem helps us navigate life with resilience, while low self-esteem can impact relationships, choices, and mental well-being.

People judge their self-worth in many different ways. This can include their relationships, academic or professional achievements, hobbies, physical appearance, and personal qualities like kindness or loyalty.

They might unconsciously compare themselves to others, or consciously reflect on their accomplishments and perceived failures. Some people primarily tie their self-worth to external validation, while others derive it more from internal virtues and self-acceptance.

PEOPLE WITH HIGH SELF-ESTEEM ARE GENERALLY:

- Not defeated by mistakes or failures, resilient
- Assertive
- Comfortable in a leadership or active role
- Able to handle criticism and learn from it
- Optimistic about life
- Healthy in their habits
- Comfortable laughing at themselves
- Not afraid of new things
- Have self-respect
- Involved with others
- Aware of personal strengths and weaknesses
- Content with their lives
- Not inclined to be boastful
- Able to ask for help when it's needed

PEOPLE WITH LOW SELF-ESTEEM ARE GENERALLY:

- Convinced of their worthlessness
- Full of feelings of insignificance
- Unsure of their abilities
- Likely to stick with the easy and familiar
- Uncomfortable with praise
- Fearful about the future
- Perfectionists to extremes
- Paralyzed by fear
- Blind to new opportunities
- Negative thinkers, overly concerned about the opinion of others. Not capable of handling criticism or rejection.
- Uncomfortable in social situations
- Inclined to blame others

Self-esteem primarily develops from early childhood experiences and interactions. Loving, supportive caregivers who provide unconditional positive regard contribute significantly to a child's healthy self-esteem. Conversely, frequent criticism, neglect, abuse, or a focus on perceived flaws can lead to low self-esteem.

As individuals grow, peer relationships, school experiences, societal messages, and personal successes and failures continue to shape their self-perception. Even though early experiences shape our self-esteem, it can change over time and get better with effort and self-care.

TRIAGE QUESTIONS

Are you making plans for suicide or are you having thoughts of suicide or death?

NO YES **GET EMERGENCY MEDICAL CARE**

Do you abuse alcohol and/or drugs to feel better about yourself?

NO YES **SEE DOCTOR OR COUNSELOR**

Are you staying in a situation where you are physically or emotionally abused? OR Are you abusing someone else physically or emotionally to make yourself feel superior?

NO YES **SEE DOCTOR OR COUNSELOR**

Have you done something which has made you feel poorly about yourself for an extended period of time and has this left you feeling depressed and/or guilty?

NO YES **SEE COUNSELOR**

Is your lack of self-esteem keeping you from going forward in life, i.e., going after a better job, developing a satisfying relationship, being a good parent, etc.?

NO YES **SEE COUNSELOR**

USE SELF-CARE

SELF-CARE

- **Practice self-compassion:** Treat yourself with the same kindness and understanding you would offer a good friend.
- **Challenge negative thoughts:** Become aware of your inner critic. Question their validity and replace them with more realistic and positive self-talk.
- **Identify and utilize strengths:** Make a list of your positive qualities, skills, and accomplishments.
- **Set achievable goals:** Break down larger aspirations into smaller, manageable steps. Celebrating these small victories builds a sense of competence and reinforces your capabilities.
- **Limit social comparison:** Avoid constantly comparing yourself to others, especially on social media, where curated portrayals are common. Focus on your own progress and journey.
- **Spend time with supportive people:** Surround yourself with individuals who uplift you, believe in you, and offer positive encouragement.
- **Engage in self-care:** Prioritize activities that nourish your physical and mental well-being, such as regular exercise, a balanced diet, adequate sleep, and engaging in enjoyable hobbies.
- **Practice assertiveness:** Learn to set boundaries and say "no" when necessary. Respecting your own needs communicates your worth to yourself.
- **Step outside your comfort zone:** Gradually challenge yourself with new experiences. Success in these areas, even small ones, can significantly boost confidence.
- **Help others:** Volunteering or simply performing acts of kindness can foster a sense of purpose and contribution, enhancing your self-worth.
- **Practice mindfulness:** Being present and observing your thoughts without judgment can reduce the power of self-critical thinking.

Make Affirmations

Affirmations are statements which reinforce positive thinking patterns. People behave in ways that fit their beliefs about themselves. If a person believes they are a poor student or salesperson, they will act in ways to prove it.

It can be easier to affirm positive beliefs than it is to oppose negative ones, just as it is wiser to turn on the light in a dark room instead of trying to remove the darkness.

How to Make Affirmations

- Make affirmations simple.
- Make them personal. Use the words "I," "Me" and "My."
- Be positive. Avoid negative words like "can't," "don't," and "won't."
- Use the present tense as if "it" is already happening. For example, instead of saying, "I will" say "I am."
- Make affirmations ongoing and progressive. For example, "Each day, I feel more..."
- Make affirmations that you can attain.
- Try to reinforce positive behaviors rather than stopping negative behaviors.
- Use feeling words.
- Continue making affirmations even if you don't fully believe them at first. This can change over time.

Sample Affirmations

1. I do something that is soothing every day. I am worthwhile.
2. I am like other people. I'm not perfect.
3. I am striving to improve myself in some way every day and I accept and enjoy who I am today.
4. I approve of myself and I accept how I feel, think and act.
5. I give myself the "OK" to make mistakes and learn from them.
6. I am asserting myself by standing up for my values and wishes.
7. I am approaching new situations with confidence.
8. I expect successes and mistakes and I accept and learn from each situation.

Sample Guided Meditation on Self-Esteem

- Gently focus on your inner strength. Close your eyes or soften your gaze.
- Take a deep breath in, filling your lungs with positive energy. Exhale slowly, releasing any self-doubt.
- Bring to mind one quality you genuinely appreciate about yourself. It could be kindness, resilience, creativity – anything. Feel that quality within you.
- Silently affirm: "I am worthy. I am capable. I am enough." Feel these words resonate.
- Breathe in this feeling of worthiness, holding it. Exhale, letting it expand throughout your being.
- When you're ready, gently open your eyes, carrying this renewed sense of self-esteem with you.

HOW TO USE THE ABCDE MODEL

The ABCDE model, rooted in Rational Emotive Behavior Therapy (REBT), is a powerful tool for boosting self-esteem by challenging negative thought patterns. Here's how it works:

- **A - Activating event:** Identify the specific situation or event that triggers negative feelings about yourself (e.g., receiving critical feedback, making a mistake).
- **B - Beliefs:** Pinpoint the underlying beliefs you hold about that event. These are often irrational and self-deprecating (e.g., "I'm a failure," "I'm not good enough").
- **C - Consequences:** Recognize the emotional and behavioral consequences that stem from these beliefs (e.g., feeling depressed, withdrawing from activities, avoiding challenges).
- **D - Dispute:** Actively challenge and dispute your irrational beliefs. Ask yourself: "Is this belief truly accurate? Where's the evidence for it? Is there a more helpful way to see this?"
- **E - Effective new beliefs/ emotions:** Replace the irrational beliefs with more rational, realistic, and self-compassionate ones. This leads to more positive emotions and healthier behaviors, ultimately improving self-esteem.

By systematically working through these steps, you can dismantle self-defeating thought patterns and build a more resilient and positive self-image.

WHAT YOU CAN DO TO HELP SOMEONE

- **Involve them.** Try to get your friend or relative involved with others. This will help them see that they can make a positive contribution to events, people, etc.
- **Give them positive feedback.** Tell your friend or relative about their strengths, accomplishments and assets. This will not only remind them, but let them know that you think enough of them to remember all these things.
- **Express your care and concern.** Let your friend or relative know how much you value them and their place in your life. This will give them a greater sense of belonging.
- **Encourage them.** Try to get your friend or relative to learn something new. Tell them how good they're likely to be at it.
- **Laugh with them, not at them.** Help your friend or relative to laugh at their and your mistakes by trying to find some humor (when appropriate) in their life.
- **Listen to them.** Allow your friend or relative to express themselves by giving them your complete attention while they are speaking to you. This will let them know that their opinions matter to you and that they are important enough to be paid attention to.

Sexual concerns

Sexual concerns in relationships are common and can affect emotional closeness, communication, and self-esteem. Exploring these issues can lead to healthy, respectful, and fulfilling connections.

COMMON CONCERNS

- Little or no desire for sexual relations
- Different levels of desire for sex between partners
- Disgust or distress with having sex or even thinking about it
- Failure to become aroused before sex and/or the inability to stay aroused until the sex act is completed
- Impotence in males. This means not being able to sustain an adequate erection.
- Premature ejaculation in males. Ejaculation comes too quickly and both partners are not satisfied.
- Delay in or absence of orgasm in either the female or male
- Pain during intercourse
- Painful, sustained erection

CAUSES

Psychological factors. Examples are:

- Sexual trauma from things, such as rape, incest, past sexual embarrassments or failures
- Worry or anxiety about sexual performance
- Guilt or inner conflicts about sex, such as when a person's sexual needs, wishes or thoughts go against family, religious or cultural teachings
- Depression
- Relationship problems and/or lack of communication of wants and needs between sex partners
- Feelings of inadequacy

Physical conditions. Examples include disorders that involve:

- The heart and blood vessels. Less blood can flow to the genitals. Even the arteries and veins in the penis can be involved.
- The nervous system, with a condition like multiple sclerosis.
- The body's glands, such as with diabetes.
- The use of any substance that alters the sexual response. These include some medications including some anti-depressants, drugs, alcohol and/or smoking.
- Surgery. For example, prostate surgery can result in impotence.
- Injuries, such as ones that cause damage to nerves used in the sexual response or that result in scar tissue that interferes with sensations felt during sex.

TREATMENT

When a physical condition is found that causes the sexual concern or problem, treating it can get rid of or help with the problem. For example, several treatments exist for impotence. These include:

- Oral medications, such as Viagra, Levitra, and Cialis
- Special vacuum devices
- Self-injections of a prescription medicine and penile implant surgery for men

If no physical condition is found to be at fault, measures to deal with psychological causes can help. These include therapies of many kinds:

- Individual counseling
- Counseling with both partners
- Sex therapy
- Behavior therapy

TRIAGE QUESTIONS

MEN ONLY:

Does impotence occur with any of the following?

- Prostate surgery
- Medication for: High blood pressure; Allergies (antihistamines); Depression; Anxiety; Muscle relaxation; Any other prescriptions or over-the-counter medicines
- Drugs. Excessive use of alcohol. Cigarette smoking.

NO **YES** ▶ **SEE DOCTOR**

Does impotence occur with one or more of these problems? An urge to urinate right away or the need to urinate often, especially at night. Not being able to empty the bladder completely. A feeling of hesitancy or delay or straining to urinate. A weak urinary stream.

NO **YES** ▶ **SEE DOCTOR**

Does impotence occur with diabetes or the following signs of diabetes?

- Constant or frequent urination
- Extreme thirst or unusual hunger. Weight loss or gain.
- Fatigue or irritability
- Slow healing of cuts or wounds, especially on the feet

NO **YES** ▶ **SEE DOCTOR**

Are any of these problems present?

- Pain in the penis during intercourse. Sustained erection that is painful.
- Sores and/or painful blisters on the genital area and/or anus. A discharge of pus from the penis. Pain and swelling in the scrotum.

NO **YES** ▶ **SEE DOCTOR**

Do one or both of the following cause a great deal of distress?

- Not being able to sustain an adequate erection
- Ejaculation that comes too soon

NO **YES** ▶ **SEE COUNSELOR**

CONTINUE ON NEXT PAGE

WOMEN ONLY:

Is intercourse painful with or without any of the following?

- Heavy, painful periods. Abnormal bleeding from the vagina. Itching and burning around the vagina. A yellowish-green vaginal discharge.
- Chronic pain in the abdomen or a dull and constant ache on either or both sides of your pelvis. A large, painless ulcer-like sore (chancre) or painful blisters in the genital area, anus or mouth.

NO **YES** ▶ **SEE DOCTOR**

Has sex been painful since having an intrauterine contraceptive device (IUD) inserted or since menopause?

NO **YES** ▶ **SEE DOCTOR**

Is there a great deal of distress due to an ongoing problem of not being able to allow anything to penetrate the vagina?

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**

MEN & WOMEN:

Does it hurt to have sex and are any of these present?

- The urge to go to the bathroom very badly or passing urine a lot more often than usual. Burning or stinging feeling when passing urine. The feeling that the bladder is still full after voiding.
- Bad smelling urine. Bloody or cloudy urine. Pain in the abdomen or over the bladder. Stomachaches or feeling like throwing up.

NO **YES** ▶ **SEE DOCTOR**

Do you have symptoms of anxiety and/or depression?

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**

Do any of the following cause a great deal of distress? Little or no desire for sex. Disgust with having sex or even thinking about it. Failure to get aroused before sex and/or the inability to stay aroused until the sex act is completed. Delay or absence of orgasm.

NO **YES** ▶ **SEE COUNSELOR**

USE SELF-CARE

SELF-CARE

- Exercise regularly.
- Get enough sleep.
- Eat healthy foods.
- Follow your doctor's advice if you have a chronic illness, to help prevent possible problems with sexual satisfaction.
- Practice safe sex to prevent sexually transmitted diseases.
- Don't ignore signs of illnesses.
- Limit alcohol and other drugs. A little alcohol can act as an aphrodisiac. Too much, however, can lead to unsafe sex, an inability to become aroused, violent behavior, etc.
- Use lubrication to improve vaginal dryness and avoid painful sex.

The following things can help enhance the desire for sex:

- Make a point to spend at least 15 minutes of uninterrupted time with your partner each day. If you can't meet face to face, call each other.
- Remember to express affection every day.
- Plan to spend part of a day alone together at least once a week. Make a date to take a walk, go out for dinner, or do activities you both enjoy.
- Schedule a weekend away together.
- Go to bed together at the same time. Tell yourself that what you haven't accomplished by a set time can wait until the next day.
- Relax by giving each other a massage or taking a shower together.

Don't worry if your sexual encounters occasionally fail. Fatigue and stress are known to cause temporary impotence, a decrease in vaginal lubrication or the inability to have an orgasm. Don't let yourselves become preoccupied with performance. Take pleasure in being together. Enjoy hugging, kissing, and caressing.

Stress

Stress is an unavoidable part of life, but it doesn't have to control you.

Exploring sources of stress can help you identify personal triggers and create practical strategies to manage stress and promote resilience.

SYMPTOMS

Physical Symptoms

- Increased heart rate
- Rapid, shallow breathing
- Tense muscles
- Increased blood pressure

Emotional Reactions

- Irritability
- Anger
- Losing one's temper
- Yelling
- Lack of concentration
- Being jumpy

When left unchecked, stress can lead to, or worsen, a variety of physical and emotional health problems including:

- Insomnia
- High blood pressure
- Heart disease
- Depression or anxiety
- Chronic inflammation which can lead to a variety of health problems

TRIAGE QUESTIONS

Do you have either of these problems?

- You are so distressed that you have recurrent thoughts of suicide or death.
- You have impulses or plans to commit violence.

NO YES ▶ **GET EMERGENCY MEDICAL CARE**

Do you have any of these problems often? Anxiety; Nervousness; Crying spells; Confusion about how to handle your problems. Are you abusing alcohol and/or drugs (illegal or prescription) to deal with stress?

NO YES ▶ **SEE DOCTOR**

Have you been a part of a traumatic event in the past (e.g., armed combat, airplane crash, rape or assault) and do you now experience any of the following?

- Flashbacks, painful memories, nightmares
- Feeling easily startled and/or irritable. Feeling "emotionally numb" and detached from others and the outside world.
- Having a hard time falling asleep and/or staying asleep
- Anxiety and/or depression

NO YES ▶ **SEE COUNSELOR**

Do you withdraw from friends, relatives and co-workers and/or blow up at them at the slightest annoyance?

NO YES ▶ **SEE COUNSELOR**

Do you suffer from a medical illness that: You are unable to cope with; Leads you to neglect proper treatment?

NO YES ▶ **CALL DOCTOR OR COUNSELOR**

USE SELF-CARE

SELF-CARE

Being able to manage stress is important in living a healthy, happy and productive life. Here are some techniques and strategies to help you deal with stress:

- **Take care of your body.** Eat a well balanced diet, exercise regularly, get quality sleep, and avoid or limit alcohol.
- **Balance work and play.** Plan some time for hobbies, recreation and things you enjoy doing.
- **Help others.** Sometimes, helping others is the perfect remedy for whatever is troubling us.
- **Share your feelings.** Stay in touch with friends and family for support, love and guidance so you don't have to cope alone.
- **Have a good cry.** Tears can help cleanse the body of substances that accumulate under stress and also release a natural pain-relieving substance from the brain.
- **Laugh a lot.** Laughter can reduce stress by releasing endorphins, promoting relaxation, and providing a healthy distraction from anxieties.
- **Find ways to learn acceptance.** Recognize that some stressful situations are out of our control. Try to focus on things you can control.
- **Talk out troubles.** It sometimes helps to talk with a friend, relative or member of the clergy. Another person can help you see a problem from a different point of view.
- **Escape for a little while.** Going to a movie, reading a book, visiting a museum or taking a drive can help you get out of a rut. Temporarily leaving a difficult situation can help you develop new attitudes.
- **Reward yourself.** Reward yourself with little things that make you feel good. Buy or plant some flowers, eat at a favorite restaurant, call an old friend, etc.
- **Seek quiet time.** Use this time to meditate, do mindful breathing exercises, deep muscle relaxation, or simply "be" in a calm and quiet setting.
- **Learn to say "no."** Avoid taking on too many tasks or responsibilities to create healthy boundaries.
- **Disconnect.** Avoid or limit your exposure to news and social media feeds for awhile.
- **Make a to-do list.** Prioritize tasks and do one at a time, starting with the most urgent.
- **Avoid procrastination** so you are not left with a lot of work to do at one time.
- **View changes as positive challenges**, opportunities or blessings.
- **Do a stress rehearsal by practicing.** Imagine feeling calm and confident in an anticipated stressful situation. You will be able to relax more easily when the situation arises.
- **Modify your environment.** Get rid of or manage your exposure to things that cause stress, i.e., declutter a room.
- **Remember that nothing is either good or bad**, but thinking makes it so. Therefore, it is not an event that causes stress, but rather what you say to yourself about the event.

Substance use disorder

Substance Use Disorder (SUD) is a medical condition in which a person is unable to control their use of drugs or alcohol, even when it leads to serious problems in their life.

SUD is treatable, and many people recover with a combination of therapy, support, and, in some cases, medication.

Drug dependence is addiction. A person keeps using a drug even though doing so results in problems that affect the person's mind, physical health and/or behaviors. Problems include:

- Cravings for the drug
- Need for increased amounts of the drug to get the desired effect
- Withdrawal symptoms

SIGNS & SYMPTOMS

- Using drugs or alcohol more often or in larger amounts than intended
- Being unable to cut down or stop using, even when trying
- Spending a lot of time getting, using, or recovering from the substance
- Craving the substance intensely
- Failing to meet responsibilities at work, school, or home due to use
- Continuing to use despite relationship or social problems
- Giving up hobbies or activities once enjoyed in favor of substance use
- Using substances in risky situations (e.g., driving under the influence)
- Continuing to use even when it causes physical or mental health issues
- Needing more of the substance to get the same effect (tolerance)
- Experiencing withdrawal symptoms when not using
- Hiding or lying about substance use
- Feeling guilt or shame about using but still continuing

These symptoms may vary in severity, and experiencing several may indicate a need for professional support.

SUBSTANCE	COMMON NAMES	POSSIBLE EFFECTS	DANGERS OF USE/ABUSE	WITHDRAWAL SYMPTOMS	SIGNS OF OVERDOSE
Cocaine	Blow, crack, crank, "C", coke, nose candy, rock, white girl, freebase cocaine	Increased alertness and energy, euphoria (followed by depression), increased pulse rate and blood pressure, decreased appetite, insomnia, irritability	Severe depression, convulsions, heart attack, lung damage, coma, brain damage, risk of infection from using contaminated needles, death	Extreme depression, intense anxiety, irritability, shakiness, fatigue, insomnia, sleeping too much, vivid complicated dreams, paranoia	Agitation, convulsions, elevation in body temperature, very high blood pressure, hallucinations, possible death
Depressants	Alcohol, sedatives, benzodiazepines, tranquilizers, downers, ludes, reds, yellow jackets	Drowsiness, slurred speech, drunkenness, memory loss, sudden mood shifts, depression, lack of coordination, less anxious	Overdose, especially when used with alcohol, rigid muscles and even death	Tremors of hands and face, insomnia, nausea, vomiting, rapid heart rate, elevated blood pressure, weight loss, anxiety, seizures, delirium	Shallow breathing, dilated pupils, clammy skin, weak and rapid pulse, coma, death
Hallucinogens **Note:** Some are being studied for possible therapeutic benefits in treating mental disorders.	Acid, LSD, PCP (angel dust), mescaline, psilocybin, ketamine, designer drugs: DMT, MDA, STP, MMDA, MDMA, ecstasy, peyote, ayahuasca	Alter mood and perception of time and space, delusions, hallucinations. Rapid mood swings. Feelings of loss of control, intensified sensory experiences. Elevation in body temperature, heartbeat and breathing. Blurred vision, tremors, lack of coordination	Brain damage, behavior can be unpredictable (violent with PCP). Can have flashbacks and re-experience symptoms of past hallucinogen use even though not taking the drug at the present time. This can cause distress or impair normal functioning	No physical withdrawal symptoms. Psychological withdrawal symptoms: mood swings, anxiety, depression, insomnia, flashback episode of previous use: feels like you are on the drug when you are not	Psychosis (unconsciousness, seizure, coma, possible with PCP)
Inhalants **Note:** Examples listed are known as inhalants when the vapors from them are used for the purpose of getting high	Solvents such as glue, paint thinner, gasoline, kerosene, lighter fluid, nail polish remover; aerosols, such as vegetable cooking sprays; anesthetics, such as nitrous oxide (laughing gas), spray paints	Slow heart rate, breathing and brain activity. Headaches, dizziness, nausea, lack of coordination, slurred speech, blurred vision. Euphoria, increased energy, blood shot eyes, nosebleed, hallucinations	Suffocation, heart failure, unconsciousness, seizures, brain damage, possible death	Chills, headaches, stomachaches, delirium, hallucinations	Unconsciousness, seizures, possible death
Rohypnol	R-2, Rib, Roofies, Rope, and Forget-Me Pill	Decreased blood pressure, drowsiness, visual disturbances, confusion, nausea, and vomiting	Used in sexual assaults	Restlessness, extreme anxiety, hallucinations, convulsions	Mixed with alcohol or other drugs, this clear, odorless, and tasteless drug can cause death
Marijuana (from the cannabis class of drugs)	Pot, grass, reefer, herb, jay, joint, weed and AMP (marijuana formaldehyde)	Euphoria, relaxes inhibitions, increases appetite, dry mouth	Feelings of panic, impaired short term memory, decreased ability to concentrate	In heavy users: nausea, anxiety, irritability, insomnia	Fatigue, paranoia, possible psychosis
Synthetic Marijuana	K2, Spice, fake weed	Rapid heart rate, vomiting, agitation, confusion, hallucinations	Can increase blood pressure and may cause a heart attack	Loss of appetite, extreme sweating, depression, suicidal thoughts	Breathing stops, acute psychosis, brain damage, heart attack, death
Narcotics	Heroin (dope, goods, smack, brown sugar), codeine (also in some prescription medicines), Robitussin A-C, opium, morphine, fentanyl, methadone, Darvon, Percodan, Demerol, Oxy Contin	Slowed breathing, heart rate and brain activity. Increased pain tolerance. Constipation, relaxation, euphoria, sense of peace. Impaired memory and/or attention span, slurred speech	Lethargy, weight loss. Risk of infection (hepatitis, AIDS) from using contaminated needles. Impaired judgment in social and/or work functioning	Watery eyes, runny nose, yawning. Anxiety, irritability, panic, tremors, insomnia. Chills and sweating, nausea or vomiting, diarrhea, muscle aches	Slow, shallow breathing, clammy skin. Convulsions, coma, possible death
Stimulants	Speed, uppers, crank, amphetamines, Ketamine, Adderall, Ritalin	Increased alertness, blood pressure, pulse rate. Elevates mood	Fatigue, confusion, aggressiveness, severe anxiety, and/or weight loss	Apathy, long periods of sleep, depression, irritability, disorientation	Agitation, increase body temperature. Hallucinations, convulsions, possible death

TREATMENT

Substance use disorder doesn't just impact the person using substances—it also affects their family, friends, coworkers, and workplace. The financial and emotional costs can be high for everyone involved. If you're struggling with substance use, know that help is available and recovery is possible. Support can come from:

- Your primary care doctor
- An Employee Assistance Program (EAP)
- Your school's Counseling Center
- A substance use treatment clinic
- A licensed mental health provider
- Peer support groups like Narcotics Anonymous (NA)

Treatment for substance use disorder depends on the specific substance involved and the individual's unique needs. Common types of treatment include:

- Emergency medical care in cases of overdose, aggressive behavior, or other urgent issues. This may include the use of naloxone (e.g., Narcan®) to reverse opioid overdoses involving substances like heroin, fentanyl, oxycodone, or morphine.
- Counseling and therapy can be individual, group, family, or couples-based. Therapy helps identify triggers for substance use and build healthy coping skills. It may take place in outpatient or inpatient settings.
- Medical care may be needed to treat physical complications of substance use or to support withdrawal. Treatment often starts with a full evaluation of physical, mental, and social health, and may include detox—either through rest and time or, in some cases, medication to ease symptoms.
- Nutrition support from a registered dietitian can help restore health if substance use has led to poor nutrition.
- Peer support groups like Narcotics Anonymous (NA), Cocaine Anonymous (CA), or Alcoholics Anonymous (AA) can provide ongoing connection and encouragement.

TRIAGE QUESTIONS

Is the person suspected of taking a drug overdose and are they not breathing?

NO **YES** ▶ **GET EMERGENCY MEDICAL CARE**
Perform rescue breathing (if you know how)

With a suspected drug overdose, are any of these present?
- Unconsciousness, decreasing level of consciousness, severe shortness of breath, or wheezing
- Hallucinations, confusion, convulsions, slow and/or shallow breathing, and/or slurring of words

NO **YES** ▶ **GET EMERGENCY MEDICAL CARE**

With a suspected opioid overdose, are any of these present?
- Unconsciousness, small pupils, slow or shallow breathing
- Faint heartbeat, limp limbs, and/or purple lips

NO **YES** ▶ **GET EMERGENCY MEDICAL CARE**
Administer naloxone if it is available

Is the person's personality suddenly hostile, violent and aggressive?

NO **YES** ▶ **GET EMERGENCY MEDICAL CARE**
Note: Use caution. Do not turn your back to the victim or move suddenly in front of them. If you can, see that the victim does not harm you or them. Call the police to assist if you cannot handle the situation.

In the absence of above symptoms, is evidence present that a person overdosed (e.g., pill containers are emptied, etc.)?

NO **YES** ▶ **GET EMERGENCY MEDICAL CARE**
Call Poison Control Center

CONTINUE IN NEXT COLUMN

Have three or more of the following applied to you in the last 12 months due to drug use?
- You need more of a drug to get intoxicated or reach a desired effect.
- You get withdrawal symptoms if you stop taking or take less of the drug. Withdrawal symptoms include shaking, irritability, sleeplessness, depression, headaches, anxiety, and hallucinations.
- You have to take the drug or one similar to it to relieve or avoid withdrawal symptoms.
- You take the drug in larger amounts often or over a longer period of time than you intended.
- You have not been able to cut down or control your use of a drug even though you want to.
- You spend a lot of time doing things necessary to get the drug, use the drug, or recover from its effects.
- You give up important social, work or leisure activities or do them less often so you can use the drug.
- You continue to take the drug even though you know it results in physical or psychological problems or makes these problems worse.

NO **YES** ▶ **SEE COUNSELOR**

Has one or more of the following taken place in the last 12 months due to drug use?
- Failure to fulfill your major role obligations at work, school, or home
- Taking part in situations that could cause physical harm while under the influence of a drug, such as driving or operating a machine
- Having unprotected sex
- Legal problems, such as getting arrested for drunk driving or disorderly conduct
- Relationship problems due to the effects of the drug, such as physical fights or arguments with others

NO **YES** ▶ **CALL COUNSELOR**

USE SELF-CARE

SELF-CARE

Prevent Misuse of Prescription Medication

- Use the medication only as prescribed and for the intended purpose (i.e., don't use Adderall to pull an all nighter).
- Talk with your doctor or pharmacist about how medications may interact with each other or with alcohol. It helps to use the same pharmacy for all prescriptions.
- Avoid mixing medications like Xanax or Vicodin with alcohol to intensify effects—it can be dangerous.
- Don't increase the dosage or take it more often than your physician tells you to. Consult your physician first.
- Don't use medicine prescribed for someone else.
- Ask your doctor about the potential for addiction, especially with medications like sleep aids, anti-anxiety meds, or strong painkillers. Understand how long you're expected to take the medicine and whether non-medication options are available.
- Learn how to safely taper off a medication if needed, to prevent withdrawal symptoms or other side effects.

There are many ways to reduce the risk of developing a substance use disorder—for yourself or someone you care about. The following tips can help support healthier choices:

- Educate yourself about how substances can impact your health, relationships, and future.
- Contact your Employee Assistance Program (EAP) person or Student Counseling Center for information and resources.
- Make mindful lifestyle choices. Try to avoid places or events where drug use is common.
- If friends pressure you to use substances to fit in, stand firm in your values and boundaries.
- Attend self-help group meetings for drug users. Examples include Narcotics Anonymous (NA) and Cocaine Anonymous (CA).
- Talk openly with people who will support you without judgment—it helps to be heard.
- Listen to calm music.
- Learn to practice meditation.
- Do activities that build confidence and joy, like painting, martial arts, or volunteering.
- Get regular physical activity, such as swimming, jogging or walking.
- Learn something new. Take a night school course or community education class that you are interested in.
- Remember, your behavior influences others, especially kids. Use medications responsibly and lead by example.
- Never combine substances with alcohol, driving, or operating machinery—it can be dangerous or even deadly.

WHAT YOU CAN DO TO HELP SOMEONE

- Learn to recognize the signs of substance use disorder.
- Find out how to get and use naloxone (e.g., Narcan®), a medication that can reverse an opioid overdose from drugs like fentanyl or heroin.
- Encourage them to seek professional help. Give them phone numbers of places where they can get help.
- Attend a support group. This could be one with your friend or relative, such as Narcotics Anonymous (NA) and/or one for persons affected by someone else's substance abuse, such as Al-Anon.
- Be mindful of codependent patterns. Avoid covering up for their actions or trying to manage their substance use for them.

Suicidal thoughts

Some people may experience suicidal thoughts during intense emotional pain. You're not alone, and these feelings are not permanent. It's important to talk to someone and reach out for support.

988
SUICIDE
& CRISIS
LIFELINE

SIGNS & SYMPTOMS

- Writing a suicide note
- Suicidal threats, gestures, or attempts
- Thoughts of suicide that don't go away or occur often
- Increasing use of alcohol and/or drugs
- Withdrawing from others
- Showing rage or seeking revenge
- Behaving recklessly
- Talking about feeling trapped, hopeless, or in unbearable pain

CAUSES

- Depression
- Bipolar disorder
- Schizophrenia
- Grief. Loss of a loved one
- A possible side effect of some medicines. One is isotretinoin. This is prescribed for severe acne. Some antidepressants may have this effect, too. This is more of a risk in the first days to the first month they are taken.
- A family history of suicide or depression
- Money and relationship problems

TREATMENT

- Emergency care
- Treating the mental and/or physical problems that lead to thoughts and attempts of suicide. Examples are bipolar disorder and depression.
- Counseling
- Talking with family and friends often

(**Note:** Sometimes, individuals experiencing suicidal thoughts may not show any outward signs, which is why checking in with others and fostering open, nonjudgmental communication is so important.)

TRIAGE QUESTIONS

Are any of these problems present?

- Suicide attempts or gestures. Does the person stand on the edge of a bridge, cut his or her wrists, etc.?
- Plans are being made for suicide. Has the person gotten a weapon or pills that could be used for suicide?
- Thoughts of suicide or death occur over and over. Suicide intent is stated. A suicide note is written.
- Repeated statements that show thoughts of suicide, such as, "I want to be dead," or "I don't want to live anymore."
- After being very depressed, the person suddenly felt better and stated something like "Now I know what I have to do," or "Now I see how to make everything better."

NO **YES** ▶ **GET EMERGENCY MEDICAL CARE**

Has the person recently done any of these things?

- Given away favorite things. Cleaned the house. Gotten legal matters in order.

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**

With thoughts of suicide or death, are any of these present?

- Depression or symptoms of depression
- Bipolar disorder (manic-depression)
- Schizophrenia
- Any other mental health or medical condition

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**

Have thoughts of suicide occurred after taking, stopping, or changing the dose of a prescribed medicine (this includes certain antidepressants) or using drugs and/or alcohol?

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**

Does the person thinking about suicide have other blood relatives who died from or attempted suicide?

NO **YES** ▶ **SEE DOCTOR OR COUNSELOR**

USE SELF-CARE

SELF-CARE

Help Prevent a Suicide

- Keep firearms, drugs, etc., away from persons at risk.
- Take courses that teach problem solving, coping skills, and suicide awareness.
- If you think the person is serious about suicide, get help. Watch and protect him or her until you get help. Keep the person talking. Ask questions such as, "Are you thinking about hurting or killing yourself?"
- Express concerns but don't judge their actions. The person needs to know that someone cares. Most suicidal persons feel alone. Tell the person how much they mean to you and others. Talk about reasons to stay alive.
- Urge the person to call for help (e.g., health care provider, a suicide prevention hotline, etc.) Make the call yourself if the person can't or won't. Tell the person that thinking about suicide can be treated.
- Stay in touch with them after a crisis or after being discharged from care.

For Suicidal Thoughts

- Call or text the Suicide & Crisis Lifeline at 988.
- Let someone know. Talk to your doctor, a trusted family member, friend, or teacher. If it is hard for you to talk to someone, write your thoughts down. Let someone else read them.

FOR MORE INFORMATION:

Mental Health America (MHA)
800-969-6642
mhanational.org

988 Suicide & Crisis Lifeline
Call or text 988
988lifeline.org