

COMMON MENTAL HEALTH CONDITIONS

When should I be concerned?

No Shame On 

END STIGMA. SAVE LIVES.

DID YOU KNOW?

Our strengths are greater than the sum of our struggles. However, sometimes mental health challenges are overwhelming and need to be addressed. No symptom occurring in isolation is indicative of a mental health disorder, but experiencing a cluster of symptoms over a prolonged period of time means one should pay special attention to what is going on.

When someone is struggling with their mental health, they are experiencing symptoms that cause significant levels of distress that interfere with their ability to carry out daily activities, form and maintain personal relationships, and engage in self-care. These symptoms may impact one's thoughts, emotions, behaviors, and physical health.

According to the biopsychosocial model of mental health, the interplay of three major factors - biological, psychological, and social - contribute to the development of mental health disorders. It follows that one cannot simply "snap out" of a mental health crisis and struggling with mental health is not a sign of weakness.

YOU SHOULD KNOW:

- In a given year, 20% of Americans live with a mental health disorder.
- 50% of all mental health challenges begin by age 14, 75% by 24.
- LGBTQ+ youth are more likely to experience mental health struggles and are at higher risk of suicide.
- Systemic social inequities and discrimination contribute to mental distress among members of the BIPOC (*Black, Indigenous, and People of Color*) communities and other minority groups.
- Living with a disability is a risk factor for developing a mental health disorder.



DEPRESSION

Depression can take on many forms and range in severity, and it is very different from the type of sadness that people feel from time to time. Depression results in a mood change that lasts most of the day, nearly every day, for a period of time, and it may result in a loss of interest and pleasure in most activities.

COMMON SYMPTOMS INCLUDE:

- Feelings of sadness, emptiness, or hopelessness
- Angry outbursts, irritability or frustration, even over small matters
- Loss of enjoyment of previously rewarding activities, e.g., hobbies
- Disrupted appetite (*weight loss or gain*)
- Disrupted sleep (*too much or too little*)
- Slowed thinking or speaking
- Tiredness, fatigue, lack of energy
- Physical symptoms and pain (*e.g., stomach upset, headaches*)
- Feelings of worthlessness or guilt
- Problems with concentration or focus
- Thinking about death or dying; planning or attempting suicide

YOU SHOULD KNOW:

- A child living with depression may appear angry, frustrated, and irritable.
- Physical and mental symptoms of depression may benefit from physical exercise, proper nutrition, and engaging in creative expression.
- Depression can be very isolating; be sure to stay connected to others.



ANXIETY

Anxiety is a common reaction to stress that keeps a person alert, focused, and motivated. An anxiety disorder occurs when these feelings of worry and fear are intrusive and do not go away. They may also get worse over time. Anxiety disorders are among the most common mental health struggles experienced by Americans.

COMMON SYMPTOMS INCLUDE:

- Persistent worrying about something that is out of proportion to the event
- Focusing on worst-case outcomes
- Feeling restless or on edge
- Trouble concentrating
- Disrupted appetite (*weight loss or gain*)
- Disrupted sleep (*too much or too little*)
- Feeling twitchy and easily startled
- Irritability
- Frequent stomach aches or other physical complaints
- Lacking confidence and striving for approval
- Avoiding activities or being a perfectionist

YOU SHOULD KNOW:

- **Social Anxiety:** an intense and persistent fear of being watched and judged by others. This self-consciousness results in fear and avoidance of social situations.
- **Post-Traumatic Stress Disorder (PTSD):** often co-occurs with anxiety; it is a disorder that develops after a person experiences or witnesses a trauma.
- **Generalized Anxiety Disorder:** excessive worry about everyday life, even when there is little or nothing to provoke it, that interferes with being able to perform or enjoy daily activities
- **Specific Phobia:** an irrational sense of danger about an object or situation not considered harmful, resulting in the person going to great lengths to avoid the trigger or endure it with great distress.



ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD)

ADHD is a common childhood problem, and it may result in struggles with friendships and relationships, as well as low self-esteem and poor work or school performance. Depression and anxiety often co-occur with ADHD.

COMMON SYMPTOMS INCLUDE:

- Impulsiveness (*e.g., hard taking turns, interrupting others*)
- Trouble concentrating and remaining focused on a task
- Excessive activity and restlessness (*e.g., trouble sitting still*)
- Missing important information because of “zoning out”
- Disorganization and problems prioritizing
- Often losing personal items
- Low frustration tolerance
- Frequent mood swings
- May have low self esteem, after years of not meeting expectations
- Trouble coping with stress, seemingly hot tempered

YOU SHOULD KNOW:

- Following a routine and posting a daily schedule helps those with ADHD symptoms get through the day.
- Breaking down tasks into smaller steps is a terrific strategy.
- Be mindful that many individuals living with ADHD have difficulty with peer relationships. Be proactive and get ahead of any social problems.
- Untreated ADHD is a significant risk factor for substance abuse in adolescence and adulthood.



SUICIDAL BEHAVIOR

Suicide is the act of intentionally taking one's own life. Suicidal ideation describes thoughts, fantasies, or ideas related to dying by suicide. These thoughts can be fleeting and vague (passive) or they can result in taking steps to carry out a suicide attempt (active). Suicide is not about wanting to die; it is about wanting to end the emotional pain.

WARNING SIGNS OF SUICIDAL BEHAVIOR:

- Expressing hopelessness/feeling of being trapped with no way out
- Saying things like, "I wish I were dead" or "I wish I had never been born"
- Verbal hints, such as "Things will be better when I am gone"
- New or increased use of alcohol/drugs
- Sudden withdrawal from friends and family
- Seeking potentially lethal means (*e.g., guns, knives, large quantities of medication*)
- Giving away personal belongings, putting affairs in order
- Making a point of saying goodbye to people
- Engaging in risk-taking behavior
- Increased risk factors:
 - Prior suicide attempt
 - Prolonged stress (*e.g., bullying, health issues, discrimination*)
 - Sudden loss (*e.g., death of a loved one, divorce, break-up*)

YOU SHOULD KNOW:

- Those who live with depression or other mood disorders (*e.g., bipolar disorder*) are at increased risk of suicide.
- Suicide rates in the United States are on the rise, and death by suicide is now the second leading cause of death among 10- to 24 - year-olds.
- Although not all those who have suicidal thoughts will attempt suicide, many more teens attempt suicide but do not complete it.
- If you are concerned someone is thinking about suicide, asking them directly will not increase their risk for suicidal thoughts or behaviors.



NON-SUICIDAL SELF-INJURIOUS BEHAVIOR

Self-injurious behavior, or self-harm, is engaging in behavior to intentionally hurt oneself, e.g., cutting, burning, self-hitting. This behavior is not driven by a desire to end one's life; rather, it is a misguided attempt to "cope" with or distract from the emotional distress associated with feeling overwhelming sadness, anxiety, or emotional numbness. Continuing to "cope" this way only leads to an exacerbation of these uncomfortable emotions.

COMMON SYMPTOMS INCLUDE:

- Fresh scars, scratches, bruises, or burns
- Scars may occur in a pattern
- Keeping sharp objects on hand (*e.g., razors, knives*)
- Wearing long pants or long sleeves in very hot weather to cover old or new scars
- Avoiding situations where more revealing clothing might be expected (*e.g., refusal to swim*)
- Frequent complaints of accidental injury
- Trouble controlling emotions (*easily overwhelmed by feelings of sadness or anger*)

YOU SHOULD KNOW:

- Self-harm may occur alongside depression, anxiety, and eating disorders.
- Self-harm is not the same as attempting suicide. But if someone is hurting themselves, they may be at increased risk of feeling suicidal or dying accidentally.



DISORDERED EATING

It is common to care about one's appearance and focus on eating in a healthy manner. Disordered eating, however, is characterized by a preoccupation with food and weight that leads to extreme behaviors that endanger one's physical and mental health.

The three most common eating conditions are Anorexia Nervosa, Bulimia Nervosa, and Binge-Eating.

COMMON SYMPTOMS OF ANOREXIA NERVOSA

- Obsessive fear of being overweight, even when dangerously thin
- Restricted food intake
- Excessive exercise
- May go through great lengths to avoid eating
- Obsessively thinking and talking about food and weight

COMMON SYMPTOMS OF BULIMIA NERVOSA

- Binge eating - feeling out of control when eating a massive amount of food during a short period of time, followed by compensating for the binge by purging, excessive exercise, laxatives, etc.
- Stashing or stealing food; eating large amounts in one sitting
- Feeling a sense of shame over the behavior
- May fall in the normal or overweight range

COMMON SYMPTOMS OF BINGE EATING:

- Recurrent episodes of binge eating, without compensatory behaviors
- Feeling a sense of shame over the behavior
- More commonly overweight

YOU SHOULD KNOW:

- The emotional symptoms that may accompany eating disorders include depression and anxiety.
- Disordered eating can be life-threatening and may contribute to health complications, including heart disease and stroke.



SUBSTANCE USE DISORDERS

Substance use conditions involve the repeated misuse of alcohol and/or drugs, often used to “cope” with symptoms associated with other mental health struggles, including depression, anxiety, ADHD, and eating disorders. The compulsion to use the substance occurs despite known dangers and consequences.

COMMON SYMPTOMS INCLUDE:

- Feeling like you need the drug or alcohol to be able to function
- Inability to control or reduce use even if it causes social or interpersonal problems
- Using larger quantities over time to achieve the desired effect
- Craving to use the substance
- Becoming dependent on the substance to get through the day
- Neglecting responsibilities and relationships because of the substance use
- Withdrawal symptoms (*feeling ill when not using the substance*)
- Spending a great deal of time obtaining and using the substances

YOU SHOULD KNOW:

- Over time, repeated substance use leads to changes in the brain, which may impact impulse control and decision making.
- Substance use conditions can include the use of legal and illegal substances. Examples include: alcohol, cannabis, stimulants, tobacco, prescribed medications.
- Risk factors include academic failure, poor self esteem, social difficulties, and family problems.
- Substance misuse is associated with an increased risk of suicide and suicide attempts.



HOW TO HAVE A CONVERSATION WITH SOMEONE WHO IS STRUGGLING

Be empathetic and listen non-judgmentally.

Things to say and do

- “I am here for you.”
- “You are not alone.”
- “You matter.”
- “I do not assume I can understand what you are feeling, but thank you for sharing.”
- “This must be really hard.”
- “This is not your fault.”

- Validate
- Help them identify emotions
- Actively support them
e.g., offer to clean the house or get groceries

Things NOT to say and NOT to do

- “Things could be worse.”
- “At least...”
- “Cheer up.”
- “What is wrong with you?”
- “Stop feeling so sorry for yourself.”
- “Snap out of it!”
- “You do not seem that depressed.”

- Don't compare their experience to your own
- Don't express negative judgments



RESOURCES

Suicide & Crisis Lifeline

Free 24/7 support and resources for those in crisis and those who support them

www.988lifeline.org

DIAL or TEXT 988

Mental Health America

Promotes mental health through advocacy, education, research, and services

www.mhanational.org

National Eating Disorders Association

Resources, education, and support for those affected by eating disorders

www.nationaleatingdisorders.org

DIAL or TEXT 1.800.931.2237

Substance Abuse and Mental Health Services Administration

Resources and treatment facility referrals for those facing mental health and/or substance use disorders

www.samhsa.gov

DIAL 1.800.662.4357

TEXT your zip code to 435748

The Trevor Project

Suicide prevention and crisis intervention for LGBTQ+ youth

www.thetrevorproject.org

DIAL 1.866.488.7386

TEXT 'START' to 678678

Veterans Crisis Line

Crisis support for veterans and their loved ones

www.veteranscrisisline.net

DIAL 988 and Press 1

TEXT 838255

No Shame On U

END STIGMA. SAVE LIVES.

No Shame On U is dedicated to eliminating the stigma associated with mental health conditions so the people who need the help will seek it, family members and friends will know how to provide proper support, and to save lives. To that end, No Shame On U develops and provides community mental health resources, education, and programming.

For more information or to donate, please contact:

No Shame On U

4411 North Ravenswood, Suite 300

Chicago, IL 60640

877.275.7261

NSOU@NoShameOnU.org

www.NoShameOnU.org

This resource is for educational purposes only and is not a substitute for professional advice, diagnosis, or treatment.

If you are experiencing a mental health crisis, please reach out for help and dial/text 988.

