

This is an example of front matter. Note the different type style, and how the text is vertically centered on the page.

# **Let's talk about mental illness**

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## **Disclaimer and a warning**

1. I have taken most of the material in here from various sources including some of the books I mention towards the end; and as such very little in here is my own

2. I have no medical degree to speak authoritatively on this topic

The presentation is intended to increase general awareness, educate, and to fight stigma surrounding mental illness

## Quote 1

“If you had to have mental illness, this is a great time to have it!”

Dr. Kay Jamison

Prof. of Psychiatry, Johns Hopkins School of Medicine (Famous psychiatrist and bipolar patient)

[From a speech at Agnes Scott College, Fall 2001; this was said in the context of current advances in molecular biology and genetics research related to manic-depression.]

## Why should we (care)?

- Studies show that first appearance of the symptoms of depression or bipolar disorder usually occur before the age of 20.
- Suicide is #2 cause for death among college students
  - American Foundation for Suicide Prevention
- Suicide is #3 cause for death (after accidents and homicides) among 18-24 year olds
  - National Institute for Mental Health
- Depression is one of the ten most costly illnesses in the United States and imposes an enormous burden on society. A conservative estimate from a recent (1999) study calculated the annual national cost of depression at \$43 billion.

Classic studies of Eli Robins conclude:

Roughly 70% had mentioned the thought (of suicide) during the year prior to their actual death.

Of those 60% communicated suicidal ideation to spouses, 50% to friends, and only 18% communicated to helping individuals such as doctors and counselors.

- Our role as educators
- Our responsibility?

as instructors we are responsible for the well-*doing*, and hence (arguably) for the well-*being* of students

## **Common mood disorders**

Depression

Manic-depression (bipolar disorder)

Hypomania

Cyclothymia

Anxiety Disorders

and perhaps others

## **Anxiety disorders**

panic disorder

obsessive-compulsive disorder

post traumatic stress disorder

social phobia

specific phobias

generalized anxiety disorder



## **Anxiety Disorders (contd.)**

**panic disorder:** feelings of terror that strike suddenly and repeatedly with no warning. An attack generally peaks within 10 minutes

most often begins in late adolescence or early adulthood

affects about 2.4 million adult Americans and is twice as common among women as in men

one of the most treatable of the anxiety disorders

### **ocd:**

anxious thoughts or rituals you feel you can't control

may spend long periods touching things or counting

about 3.3 million adult Americans

generally responds well to treatment with medications or targeted psychotherapy

## Quote 2

“When you’re depressed, there’s no calendar. There are no dates, there’s no day, there’s no night, there’s no seconds, there’s no minutes, there’s nothing.” – Rod Steiger  
Academy Award-winning actor

## Major Depressive Episode

Necessarily

(a) low mood, most of the day, every day for at least a 2-week period

or

(b) a lack of ability to enjoy things (anhedonia), most of the day, every day for at least 2 weeks.

affecting important aspects of life functioning. Also assess:

(a) low energy

(b) guilt, self-reproach, feelings of worthlessness

(c) sleep disturbances including hypersomnia

(d) poor concentration and difficulty with decisions

(e) significant changes in appetite and weight, without volition

(f) marked reduction in libido

(g) suicidal ideation, intentions or actions.

### **Quote 3**

“For me [sleep] is the bellwether of changing mood. When my sleep shortens I know I’m getting high, and if I’m fatigued it’s a sure sign that a depression is approaching.”

– Stephan Szabo

## Quote 4

“As with many people, the overt symptoms of my manic-depressive illness didn’t show until my late teens ... From that time on, until I was diagnosed at the age of 35, I rode a wild roller coaster, from agitated out-of-control highs to disabling, often suicidal lows.”

– Patty Duke  
actor and author of books on  
manic-depression

## Manic Episode

Abnormally euphoric or irritable mood for at least 1 week

plus several of :

(a) Displays of grandiosity

(b) Subjective reports of needing very little sleep for days at a time

(c) Pressured speech

(d) flights of ideas and racing thoughts

(e) excessive goal-directed activity

(f) heightened libido,

likely to end in psychosis – paranoia, hallucination, and delusions

## **A Few Famous people with ...**

Publicly:

Joe Ford, Georgia Tech. Physicist (bipolar)

Ted Turner (bipolar)

Mike Wallace, veteran news correspondent of *60 minutes* (depression)

John Berryman, Pulitzer prize-winning poet (bipolar)

William Styron, Pulitzer prize-winning novelist (depression)

James Taylor, Peter Gabriel, Robin Williams (bipolar)

Judge Sol Wachtler (bipolar)

Patty Duke, Academy award-winning actress, Writer, Producer (bipolar)



## Famous people (contd.)

Undiagnosed, but perhaps most likely, judging from the symptoms:

Kurt Cobain (*Nirvana* lead-singer)

Emily Dickinson, Virginia Woolf, Ernest Hemingway

Lord Byron

Van Gogh, Paul Gauguin

Hugo Wolfe, Robert Schumann, Hector Berlioz, Handel, ...

Winston Churchill : severe periods of depression alternating with periods of high energy

Idi Amin

Napoleon

Mussolini

Alexander the Great

Lord Nelson, Oliver Cromwell, ...

Abraham Lincoln – suicidal depressions

Robert E. Lee : intermittent depressions

## **Why we don't talk about it**

Stigma

Embarrassment

Dependency on Medication

## Common skepticism about common mood disorders

“There is nothing wrong with you, it’s all in your head!”

“I have lived fine, free of medication until this mess started, perhaps I don’t have to be on it”

The point is that *acceptance* of an illness is not an easy thing

The idea that depression might be the manifestation of some dysfunction of brain mechanisms, and not purely a mind problem that can be overcome by “trying harder,” is a difficult concept for skeptics to accept.

## **Why we *should* talk about it**

- Is this a private or public issue?
- Increase awareness
- Advocacy
- To fight stigma (diabetes example)

under budget-cuts schools are cutting back on support for mental health (students have to pay extra *per visit* to seek counseling!)

## **What can we do to help**

Education, Social support -- >

understanding

tolerance and acceptance

perhaps prevention of fatalities

## What Might Cause Mood Disorders?

Genetic vulnerability

Stress

Hormonal Imbalances  
(e.g. thyroid dysfunction, low estrogen)

### INDIRECT FACTORS:

*Sleep deprivation*

*Stimulants*

*Diet*

*Lack of light, Lack of exercise*

## Quote 5

“Chemistry isn’t everything. Focusing only on chemistry is mindless, but focusing solely on psychosocial influences is brainless.”

– Bob Boorstin (diagnosed bipolar)  
Foreign policy speech writer for President  
Clinton  
Senior adviser to the Secretary of the  
Treasury



## **What Might Trigger an episode?**

Stressful life events

Drug/alcohol abuse

Prolonged sleep deprivation

## Examples

“A combustible series of events that occurred within four months’ time led to the ultimate upheaval in my life. First my stepfather’s death, then the broken relationship with a woman, and finally my decision to change professions.”

-Robert Boorstin

## Examples (contd.)

Wallace was shadowed with his first bout of depression after General William Westmoreland (from the Vietnam war) named him in a \$120 million libel suit against CBS.

In 1984, two years after Wallace's CBS documentary aired, when he accused Westmoreland of falsifying reports to the American public, Wallace began an 18-week trial. Wallace was branded a cheat and a liar. He endured sleepless nights, weight loss, and depression so severe that he described himself as "feeling lower than a snake's belly."

Wallace recovered from this bout of depression, but suffered two relapses, in 1985 and 1993, before his health was fully restored.

Depression-free ever since, he follows a strict maintenance program and returns to his doctor for semiannual checkups, which he's dubbed "lube jobs."

time for a joke!

## Quote 6

“What good is mental illness, if you couldn’t  
have some fun with it!”

Russell Crowe

Acting as John Nash in *The beautiful mind*

## The Role of Medications

### **Positive:**

may be necessary in most cases along with therapy

effective

help restore functional status

### **Negative:**

“no such thing as no side-effects”

costly

can be tricky to find the right “cocktail” (of drugs)

**Ponder:**

alternatives?

**Usual warnings:** Can be slow to find results

Extremely unwise to stop taking suddenly

If you must, taper off slowly, in consultation with your psychiatrist.

**Dr. Cade and Lithium**

## Quote 7

“No matter what struggles I had had with lithium, it was painfully clear to me that without it I would have been long dead or on the back wards of a state hospital.”

– Kay Jamison in “An Unquiet Mind”



## **Besides Lithium**

Anticonvulsants

Antidepressants

Other mood stabilizers

## Some Useful References

1. *An Unquiet Mind: A memoir of moods and madness*, by Kay Jamison (1995), Knopf.
2. *Bipolar Disorder: A cognitive therapy approach*, by C.F. Newman, R.L. Leahy, A.T. Beck, N.A. Reilly-Harrington, and L. Gyulai (2002), American Psychological Association.
3. *Visible Darkness*, by W. Styron (1992), Vintage New York.
4. *Mad in America*, by Robert Whitaker (2002), Perseus Publishing.
5. *Bipolar Disorder: A guide for patients and families*, by Francis Mondimore (1999), Johns Hopkins University Press.
6. *Touched With Fire: Manic-depressive illness and the artistic temperament*, by Kay Jamison (1993), Free Press.
7. *Feeling Good* by David Burns (1999), revised edition, Avon.

## Quote 8

“It’s important for anyone with mental illness to recognize the need for professional guidance before behavior turns antisocial. Not to seek help is foolish.”

– Judge Sol Wachtler

## **common warning signs of student distress**

see handout from the counseling center on

Academic problems : ...

Interpersonal problems : ...

## **What to do when you suspect someone**

...

Phone numbers to call : ...

People to contact : ...

(see handout from the counseling center)

## Useful Resources

**Counseling center** : Jill Barber, Heather Hopper, ...

404-894-2575 ([www.counseling.gatech.edu](http://www.counseling.gatech.edu))

Support groups : **[www.atlantamoodsupport.com](http://www.atlantamoodsupport.com)**

New psychiatrist (Dr. Rothschild) at the health center

Health center : <http://www.health.gatech.edu>

Wellness center : <http://www.wellness.gatech.edu>  
404-894-9980

## **Useful Links**

### **DBSA – Depression and Bipolar Support Alliance**

<http://www.dbsalliance.org/#>

### **NAMI – National Association for the Mentally Ill**

<http://www.nami.org>

### **NDMDA – National Depressive and Manic-Depressive Association**

<http://www.ndmda.org>

([www.ndmda.net](http://www.ndmda.net) will take you to the North Dakota Motor Dealers Association!)

### **NIMH – National Institute for Mental Health**

<http://www.nimh.nih.gov>

### **Depression Alliance FAQ**

<http://www.depressionalliance.org>