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|  | **Crazy People** **23 Jul 2015** | **206-2015-13** |

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| **Okay, look at three other people in your office, home, on the street, or anywhere else. Can you pick out the one with mental illness? Which one of these people is crazy? If they all look normal, you might want to look in the mirror. It is a proven fact that one in four adults in America has some kind of a mental illness or mental disorder.**  |  |

**Let’s look at some statistics:**

**The statistics below are based on a little more than 320 million people living in the United States. 77% of these-about 246 million-are adults (18 and over) leaving us with about 74 million children.**

**Numbers of Americans Affected by Mental Illness**

* **One in four adults−approximately 61.5 million Americans−experiences mental illness in any given year. One in 17−about 13.6 million−live with a serious mental illness such as schizophrenia, major depression or bipolar disorder.**
* **Approximately 20 percent of youth ages 13 to 18 experience severe mental disorders in a given year. For ages 8 to 15, the estimate is 13 percent.**
* **Approximately 1.3 percent of American adults—about 3.2 million people—live with schizophrenia.**
* **Approximately 2.6 percent of American adults−6.4 million people−live with bipolar disorder.**
* **Approximately 6.7 percent of American adults−about 16.5 million people−live with major depression.**
* **Approximately 18.1 percent of American adults−about 44.5 million people−live with anxiety disorders, such as panic disorder, obsessive-compulsive disorder (OCD), posttraumatic stress disorder (PTSD), generalized anxiety disorder and phobias.**
* **Approximately 3.2 percent of American adults−about 10.2 million people−live with multiple mental health and addiction disorders.**
* **Approximately 26 percent of homeless adults staying in shelters live with serious mental illness and an estimated 46 percent live with severe mental illness and/or substance use disorders.**
* **Approximately 20 percent of state prisoners and local jail prisoners have “a recent history” of a mental health condition.**
* **Seventy percent of youth in juvenile justice systems have at least one mental health condition and at least 20 percent live with a severe mental illness.**

**Getting Mental Health Treatment in America**

* **Approximately 60 percent of adults and 50 percent of youth ages 8 to 15 with a mental illness received no mental health services in the previous year.**
* **African American and Hispanic Americans used mental health services at about one-half the rate of whites in the past year and Asian Americans at about one-third the rate.**
* **50 percent of all chronic mental illness begins by the age of 14; three-quarters by age 24. Despite effective treatment, there are long delays−sometimes decades−between the first appearance of symptoms and when people get help.**

**The Impact of Mental Illness in America**

* **Serious mental illness costs America about $200 billion in lost earnings per year.**
* **Mood disorders such as depression are the third most common cause of hospitalization in the U.S. for both youth and adults ages 18 to 44.**
* **Individuals living with serious mental illness face an increased risk of having chronic medical conditions. Adults living with serious mental illness die on average 25 years earlier than other Americans, largely due to treatable medical conditions.**
* **Over 50 percent of students with a mental health condition age 14 and older who are served by special education drop out−the highest dropout rate of any disability group.**
* **Suicide is the tenth leading cause of death in the U.S. (more common than homicide) and the third leading cause of death for ages 15 to 24 years. More than 90 percent of those who die by suicide had one or more mental disorders.**
* **Although military members comprise less than 1 percent of the U.S. population, veterans represent 20 percent of suicides nationally. Each day, about 22 veterans die from suicide.**

**I think we have established that there are a lot of crazy people out there running around. If you don’t believe me, just take a little walking tour of downtown Honolulu (including Chinatown) sometime.**

**Five (5) major categories of mental illness**

**While there are over 200 classified forms of mental illness, the five (5) major categories of mental illness are: (a) anxiety disorders, (b) mood disorders, (c) schizophrenia/psychotic disorders, (d) dementias and (f) eating disorders.**

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**1) ANXIETY DISORDERS: All of us encounter anxiety in many forms throughout the course of our routine activities. However, the mechanisms that regulate anxiety may break down in a wide variety of circumstances, leading to excessive or inappropriate expressions of anxiety. An anxiety disorder may exist if the anxiety experienced is disproportionate to the circumstance, is difficult for the individual to control, or interferes with normal functioning.**

**More than 20 million American adults are affected by an anxiety disorder. Children and adolescents also develop anxiety disorders. Examples include: panic attacks, frightening physical symptoms, flashbacks of traumatic events, nightmares, or obsessive thoughts. These conditions can be so bad that some people become housebound.**

**Specific anxiety disorders include:**

* **Phobias**
* **Panic attacks**
* **Post-traumatic stress disorder (PTSD)**
* **Obsessive-compulsive disorder (OCD)**
* **Generalized anxiety disorder.**

**Phobias - People with phobias have extreme, disabling and irrational fear of something that really poses little or no actual danger; the fear leads to avoidance of objects or situations and can cause people to limit their daily lives.**

**Panic Disorder – People with panic disorder have experienced one or more panic attacks. The disorder occurs when the person fears having another panic attack. Panic disorder is, therefore, characterized by panic attacks, which are sudden feelings of terror that strike repeatedly and without warning. Physical symptoms include: chest pain, heart palpitations, shortness of breath, dizziness, abdominal discomfort, feelings of unreality, and fear of dying.**

**Post-Traumatic Stress Disorder – People with Post-Traumatic Stress Disorder have persistent symptoms that occur after experiencing a traumatic event such as war, rape, child abuse, natural disasters, or being taken hostage. Nightmares, flashbacks, numbing of emotions, depression, and feeling angry, irritable, and distracted and being easily startled are common symptoms of PTSD.**

**Obsessive-Compulsive Disorder – People with Obsessive-Compulsive Disorder have anxious impulses to repeat words or phrases or engage in repetitive, ritualistic behavior, such as constant hand washing.**

**Generalized Anxiety Disorder – People with Generalized Anxiety Disorder have chronic, exaggerated worry about everyday routine life events and activities with physical symptoms, such as fatigue, trembling, muscle tension, headache, and/or nausea.**

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**2) MOOD DISORDERS: Most of us have an immediate and intuitive understanding of different moods. We readily know what it means to be happy or sad. We also know that moods are different from emotions. Mood disorders, however, are outside the bounds of normal fluctuations from sadness to elation. Mood disorders affect about 7% of Americans and rank among the top 10 causes of disability. In the workplace, major/clinical depression is a leading cause of absenteeism and diminished productivity. Depression-related visits to physicians account for a large portion of health care expenditures.**

**Suicide is the most dreaded complication of major depressive disorders. About 12% of patients formerly hospitalized with depression commit suicide. Similar to anxiety disorders, mood disorders affect around 22 million American adults. Children and adolescents are also susceptible to mood disorders.**

**Mood disorders include:**

* **Clinical depression**
* **Bipolar disorder**
* **Dysthymic disorder**

**Clinical Depression: Depression causes people to lose pleasure from daily life, can complicate other medical conditions, and can even be serious enough to lead to suicide. Depression can occur to anyone, at any age, and to people of any race or ethnic group. Depression is never a “normal” part of life, no matter what your age, gender or health situation. Unfortunately, though treatment for depression is almost always successful, fewer than half of those suffering from this illness seek treatment. Too many people resist treatment because they believe depression isn’t serious, that they can treat it themselves or that it is a personal weakness rather than a serious medical illness.**

**Symptoms of Depression**

* **Persistent sad, anxious or “empty” mood**
* **Loss of interest or pleasure in activities once enjoyed**
* **Feelings of hopelessness, pessimism**
* **Feelings of guilt, worthlessness, helplessness**
* **Sleeping too much or too little, early morning awakening**
* **Appetite and/or weight loss or overeating and weight gain**
* **Decreased energy, fatigue, feeling “slowed down”**
* **Restlessness, irritability**
* **Difficulty concentrating, remembering or making decisions**
* **Persistent physical symptoms that do not respond to treatment, such as: headaches, digestive disorders, constipation, and chronic pain**
* **Thoughts of death or suicide**

**Bipolar Disorder: A mood disorder sometimes called manic-depressive illness or manic-depression that characteristically involves cycles of depression and elation or mania. Sometimes the mood switches from high to low and back again are dramatic and rapid, but more often they are gradual and slow, and intervals of normal mood may occur between the high (manic) and low (depressive) phases of the condition. The symptoms of both the depressive and manic cycles may be severe and often lead to impaired functioning.**

**Both phases of the disease can cause harm or damage. Mania affects thinking, judgment, and social behavior in ways that may cause serious problems and embarrassment. For example, unwise business or financial decisions may be made when an individual is in a manic phase. Depression can also affect thinking, judgment, and social behavior in ways that may cause grave problems. A person with bipolar disorder is also at high risk of dying by suicide.**

**Symptoms of Manic Behavior**

* **Abnormally elevated mood, hyperactivity**
* **Severe insomnia, no apparent need for sleep**
* **Grandiose notions, may be accompanied by delusions of grandeur**
* **Irritability**
* **Increased talking**
* **Racing thoughts, accelerated thinking**
* **Increased activity, including sexual energy**
* **Markedly increased energy**
* **Poor judgment that leads to risk-taking behavior**
* **Inappropriate social behavior**

**Dysthymic Disorder: A chronic, low grade depression that seems part of the person’s personality. A person with dysthymia has a depressed mood with some of the symptoms below almost all of the time for years.**

* **Feels hopeless**
* **Low self-esteem**
* **Fatigue or low energy**
* **Sleep disturbance**
* **Appetite disturbance**
* **Poor concentration**
* **Indecisive**

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**3) SCHIZOPHRENIA/PSYCHOTIC DISORDERS: Schizophrenia is a serious brain disorder that is caused by chemical imbalances in the brain. It is characterized by a profound disruption in cognition and emotion, affecting the most fundamental human attributes such as: language, thought, perception, affect and sense of self.**

**Schizophrenia affects around 1.3% of the population – that is more than 4 million people. Onset generally occurs during young adulthood (mid-20’s for men, late 20’s for women), although earlier and later onsets can occur.**

**The array of symptoms include psychotic manifestations, such as hearing internal voices or experiencing other sensations not connected to an obvious source (hallucinations) and assigning unusual significance or meaning to normal events or holding fixed personal beliefs (delusions). Other symptoms include withdrawal, incoherent speech and impaired reasoning.**

**Delusions: Delusions are false beliefs that are not based in reality. Delusions can cause a person to view the world from a unique or peculiar perspective. The individual will often focus on persecution (believes he or she is God, very wealthy, a famous person, a member of the Royal Family or possesses a special talent).**

**Hallucinations: It is not unusual for some people with mental illnesses such as schizophrenia to hear voices, or to see, smell, taste, or feels imaginary things. The person experiences events that have no objective source, but they are nonetheless real to him or her. These hallucinations involve seeing or hearing or smelling things, but can involve any of the senses. A person with hallucinations may:**

* **Feel bugs crawling on her/his body**
* **Smell gas that is being used to kill her/him**
* **Taste the poison in her/his food**
* **Hear voices telling her/him to do something**
* **See visions of God, the dead, or other horrible things**

**Negative Symptoms of Schizophrenia: While delusions, hallucinations and disordered thinking are referred to as the “positive symptoms” associated with schizophrenia, the “negative symptoms” associated with schizophrenia include:**

* **Can’t show feelings**
* **Can’t start or maintain conversations**
* **Minimal flow of thought**
* **Lack of motivation**
* **Unable to feel pleasure**
* **Minimal self-care and grooming**

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**4) DEMENTIAS: Dementia isn't a specific disease. Instead, dementia describes a group of symptoms affecting memory, thinking and social abilities severely enough to interfere with daily functioning. Dementia indicates problems with at least two of the following brain functions:**

* **Memory**
* **Communication and language**
* **Ability to focus and pay attention**
* **Reasoning and judgment**
* **Visual perception**

**Though memory loss generally occurs in dementia, memory loss alone doesn't mean you have dementia. There is a certain extent of memory loss that is a normal part of aging.**

**Dementia related disorders include Alzheimer’s, vascular dementia, dementia due to medical conditions, (e.g., HIV, Parkinson’s disease, Huntington’s disease, head trauma), substance-induced dementia (drug abuse, alcohol abuse, inhalants, and toxin exposure).**

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**5) EATING DISORDERS: Eating disorders are serious, sometimes life-threatening, conditions that tend to be chronic. Each year, more than five million Americans have an eating disorder. Onset usually occurs in adolescence and tends to predominately affect females.**

**Having an eating disorder is marked by extremes. It is present when a person experiences severe disturbances in eating behavior such as extreme reduction of food intake or extreme overeating or feelings of extreme distress or concern about body weight or shape.**

**A person with an eating disorder may have started out just eating smaller or larger amounts of food than usual, however, at some point in time, the urge to eat less or more spirals out of control.**

**The three major eating disorders:**

* **Anorexia Nervosa (self-starvation)**
* **Bulimia Nervosa (binge eating followed by purging, fasting or excessive exercise)**
* **Binge Eating Disorder (involves episodic, uncontrolled consumption of food, without compensatory activities such as vomiting or laxative abuse to avert weight gain that is associated with bulimia.)**

**Characteristics/Symptoms of a person with Anorexia Nervosa:**

* **Being abnormally thin or weak**
* **A restless pursuit of thinness**
* **Unwillingness to maintain a normal or healthy body weight**
* **Distortion of body image**
* **Intense fear of gaining weight**
* **Eating, food and weight control become obsessions**

**One in ten cases of anorexia nervosa leads to death from starvation, cardiac arrest, other medical complications or suicide.**

**Characteristics/Symptoms of a person with Bulimia Nervosa:**

* **Recurrent and frequent episodes of eating unusually large amounts of food**
* **Feeling a lack of control over the eating**
* **Behavior to “compensate” for the binge eating such as purging, fasting and/or excessive exercise**

**Characteristics of a person with binge-eating disorder:**

* **Recurrent binge eating episodes during which a person feels a loss of control over his or her eating**
* **Binge eating is not followed by purging, excessive exercise or fasting**
* **Most often the person is overweight or obese**
* **Experiences guilt, shame and/or distress about the binge eating, which can lead to more binge eating**

 **CONCLUSIONS**

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| **Jack Nicholson** | **I have come to the brilliant conclusion that we are all crazy – Just some more than others. If you or I went to see a psychologist for a mental health examination, I’m pretty sure they would find one or more of those 200+ mental disorders.****Of course I feel the same way with our current health system where the medical community recommends regular checkups and health screening for several types of cancer and other conditions. If they run enough tests, they will find at least one health problems with all of us humans.**  |

**Deinstitutionalization**

**Who let the crazy people out of the mental health centers, state psychiatric hospitals, and the insane asylums? Here is the answer in a timeline: (I think that the items in blue are good and the items in red are bad)**

**1773 - The first patient is admitted to the Public Hospital for Persons of Insane and Disordered Minds in Williamsburg, Virginia.**

**1880 – There were 110 psychiatric hospitals in the United States.**

**1907 - Indiana is the first of more than 30 states to enact a compulsory sterilization law, allowing the state to "prevent procreation of confirmed criminals, idiots, imbeciles and rapists." By 1940, 18,552 mentally ill people are surgically sterilized.**

**1936 - Dr. Walter Freeman and his colleague James Watt perform the first prefrontal lobotomy that is a photosurgical procedure in which the nerve pathways in a lobe or lobes of the brain are severed from those in other areas. By the late 1950s, about 50,000 lobotomies are performed in the United States.**

**1938 - Italian neurologist Ugo Cerletti introduces electroshock therapy as a treatment for people with schizophrenia and other chronic mental illnesses.**

**1954 - Marketed as Thorazine by Smith-Kline and French, chlorpromazine is the first antipsychotic drug approved by the Food and Drug Administration. It quickly becomes a staple in asylums.**

**1955 - The number of mentally ill people in public psychiatric hospitals peaks at 560,000.**

**1963 - President John F. Kennedy signs the Community Mental Health Act to provide federal funding for the construction of community-based preventive care and treatment facilities.**

**1965 - With the Federal Government passage of Medicaid, states are forced to move patients out of state mental hospitals and into nursing homes and general hospitals because the program excludes coverage for people in "institutions for mental diseases."**

**1967 - The California Legislature passes the Lanterman-Petris-Short Act, which makes involuntary hospitalization of mentally ill people vastly more difficult. One year after the law goes into effect, the number of mentally ill people in the criminal-justice system doubles.**

**1977 - There are 650 community mental health facilities in the U.S. serving over 2 million mentally ill patients a year.**

**1980 - President Jimmy Carter signs the Mental Health Systems Act, which aimed to restructure the community mental-health-center program and improve services for people with chronic mental illness.**

**1981 - Under President Ronald Reagan, the Omnibus Budget Reconciliation Act repeals Carter's community health legislation and establishes block grants for the states, ending the federal government's role in providing services to the mentally ill. Without adequate federal funding, all states start releasing the remaining mentally ill patients.**

**2004 - Studies show that approximately 20 percent of prison and jail inmates are seriously mentally ill, roughly 330,000 people.**

**2009 - In the aftermath of the Great 2009 Recession, states are forced to cut $4.35 billion in public mental-health spending over the next three years, the largest reduction in funding since deinstitutionalization. More crazy people hit the streets of America.**

**2010 - There are 43,000 psychiatric beds in the United States, or about 14 beds per 100,000 mentally ill people—the same ratio as in 1850.**

**2015 - About 30% of people who are chronically homeless have serious mental health conditions.**

**There you have it – Our own Federal Government is responsible for turning loose the crazy people. It is about time they did something about fixing this problem!**

**The Solution**

**The Federal Government needs to provide the necessary funding and work with State Governments to get the people with severe mental illness into Mental Health Centers where they can get badly needed treatment. It should be mandatory! The Federal Government and the military should do whatever it takes to get our military veterans off of the streets, decent jobs and suitable housing. The Federal Government is our only hope for getting the crazy people and the chronically homeless off of our streets, beaches, and parks. No state or big city has been able to do it and they have all tried. Okay, now that we have gotten most of the crazy and dangerous people put away, our State and City Governments should have more money to help homeless families. These are the people I feel sorry for – let’s help them.**

**Why do I have to keep solving the world’s problems? I must be crazy to even be suggesting such a simple solution to such a complex problem.**

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