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AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

Facts for Families

Coming Home: Adjustments For Military Families

No. 89; Updated May 2005

Military families look forward to being together after a long deployment with many mixed emotions. Each family member will have different expectations. Every family situation is different. But, it is important to remember the needs and feelings of the returning family member, the adult at home and the children.

Understanding the Returning Family Member

- Military deployments, especially in a combat zone, can significantly change an individual's life.
- The deployment involved the loss of many comforts that people back home take for granted: contact with family, comfortable living conditions, a variety of good food, time to relax, etc.
- The deployment involved hard work and enormous responsibility. If in a war zone, there was the constant threat of loss of life or injury. The family member may have witnessed injuries, deaths and destruction.
- What sustains military personnel on a dangerous deployment is devotion to duty, a close connection with fellow soldiers and the desire to return to the comforts of home, family and community.
- The returning family member may seem preoccupied with the experience of their deployment. They may be unable to talk about it or may excessively talk about it.
- The returning family member may have suffered physical or emotional injury or disability.
- The returning family member may expect extra attention and support for some time after their return.
- The returning family member may have serious concerns about their financial or employment future.

Understanding the Adult that Stayed at Home

- Life has gone on and the adult at home has had to keep the family moving forward during the deployment. They may have had to take over many functions normally performed by the deployed family member.
- Often the adult at home has handled many small and not so small crises. These problems are old news at home but may be big surprises for the returning family member.
- The adult at home may expect extra attention and credit regarding the performance during the deployment. They also may expect the returning family members to automatically accept the family as it now exists and begin to perform a role with which they are uncomfortable or unfamiliar.

Understanding the Children

- Children generally are excited about a reunion with their returning parent. However, the excitement of the reunion is stressful for children. Children may also be anxious and uncertain about the reunion.
- Children's responses are influenced by their developmental level. Toddlers may not remember the parent well and act shy or strange around them. School age children may not understand the returning parent's need to take care of themselves and to spend time with their spouse. Teenagers may seem distant as they continue their activities with friends.
- Children may need a period of time to warm up and readjust to the returning parent. This should not be misinterpreted or taken personally.

Understanding the Family

- Couples may find the deployment has strained their relationship. Time and negotiation will help the couple work toward a new loving relationship.
- Family problems that existed before the deployment frequently reappear after the deployment.
- Extended family members such as grandparents, aunts and uncles may have provided support and service to the family during the deployment. They may have difficulty redefining their role with the family.

Give Everyone Time

- All family members will need time to adjust to the changes that accompany the return of the deployed family member.
- Open discussion of expectations prior to the return home are helpful if they are possible.
- Families should utilize the help offered by the military and other organizations to readjust to the reunion.
- Most families will change. Children have been born or have grown. An adult at home may have become more independent. The returning family member had a life changing experience. The goal is to form a healthy, new life together.

Reunion of a military family after a long deployment is a cause for celebration. Some patience and understanding will go a long way to help the whole family successfully reunite with a minimum of problems. While most families cope successfully with the stress of the deployment and reunion, problems can develop. If significant problems develop, the family should seek help from a qualified mental health professional.

For additional information, see *Facts for Families*:
#88 Families in the Military
#77 Grandparents Raising Children
#24 Know When to Seek Help for Your Child
#25 Know How to Seek Help for Your Child

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AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

Facts for Families

Families In The Military

No. 88; Updated March 2004

Global conflict and unrest have led to deployment of large numbers of military personnel (active duty, Reserves, National Guard). As a result of duty assignments, members of the military are often separated for lengthy periods of time from their families and sent to distant, dangerous or unknown locations. A family that loses the active presence of a parent through separation faces significant challenges and stress. During the parent's deployment, family members may feel isolated, unsupported and anxious. They may also experience financial stress. Media coverage of events can also increase concern.

Some families must also deal with the trauma of having a parent seriously injured or killed. Families who have little or no contact with extended family and/or the military community may be especially vulnerable to stress. In families with existing medical, emotional or behavioral problems, a parent being away can be especially difficult.

While most families and children manage successfully, it is important for parents to be aware of signs of stress and possibly serious problems. The responses of children to stress of separation are determined by their individual makeup and developmental age. The following are some common reactions:

- Infants (Birth - 12 months) may respond to disruptions in their schedule, physical environment or availability of caregivers with decreased appetite, weight loss, irritability and/or apathy.
- Toddlers (1-3 yrs.) may become sullen, tearful, throw temper tantrums or develop sleep problems.
- Preschoolers (3-6 yrs.) are more aware of the absence of a parent than younger children and their behavior may regress in areas such as toilet training, sleep, separation fears, physical complaints, or thumb sucking. They may personalize situations and express a fear that, "Daddy left because I was angry at him" or "Mommy stays away because she doesn't love me".
- School age children (6-12 yrs.) are more aware of the realities behind their parent leaving and the potential dangers. They may show irritable behavior, aggression or whininess. They also may become more regressed and fearful that their parent may be injured or die.
- Teenagers (13-18 yrs.) may be rebellious, irritable or more challenging of authority. Parents need to be alert to high-risk behaviors such as problems with the law, sexual acting out, and drug/alcohol abuse.

A parent leaving home on a military assignment increases the burden on all family members. The following suggestions can ease the stress:

- Talk as a family before the reassignment, sharing information, feelings, worries and plans for the future. Let your child know that the family member is making a valuable contribution to their country and the world.

- Emphasize the need for the family to pull together during the parent's absence with everyone sharing in family responsibilities.
- Continue family traditions, structure and discipline. This is reassuring and stabilizing to children.
- Utilize available means (e.g. letters, email, phone) for the family members to communicate with the deployed parent.
- Share information with children based upon their developmental level and ability to understand. No news is usually more stressful and difficult to deal with than bad news.
- Monitor children's exposure to TV coverage of war events and political discussions of the war.
- Encourage the open and honest expression of worries, feelings, and questions.
- Consider having children participate in a project associated with their parent's deployment (e.g. classroom letter writing project, keeping a journal or scrapbook).
- Don't make promises that you can't keep.
- Initiate and maintain a close relationship and communication with your child's teachers and school.
- Utilize extended family, community and spiritual resources and other natural supports that are available both within and outside the military.
- As a single parent at home, make sure that you also take care of yourself so that you can be available to your children.

Although a joyous occasion, when a family member returns home after a long absence, a period of adjustment will be necessary. Roles, responsibilities and routines must be re-established. The emotional readjustment will require time and patience. This can be a difficult time and all family members will need extra support. This is especially true if there has been a serious injury. If a parent or a child develops emotional or behavioral problems or is having serious difficulties with the adjustment, they should be referred for evaluation by a qualified mental health professional.

While it is a difficult time for families, most children can and do adjust successfully to the separation and stress involved when a parent in the military is deployed.

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AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

Facts for Families

The Depressed Child

No. 4; Updated July 2004

Not only adults become depressed. Children and teenagers also may have depression, which is a treatable illness. Depression is defined as an illness when the feelings of depression persist and interfere with a child or adolescent's ability to function.

About 5 percent of children and adolescents in the general population suffer from depression at any given point in time. Children under stress, who experience loss, or who have attentional, learning, conduct or anxiety disorders are at a higher risk for depression. Depression also tends to run in families.

The behavior of depressed children and teenagers may differ from the behavior of depressed adults. Child and adolescent psychiatrists advise parents to be aware of signs of depression in their youngsters.

If one or more of these signs of depression persist, parents should seek help:

- Frequent sadness, tearfulness, crying
- Hopelessness
- Decreased interest in activities; or inability to enjoy previously favorite activities
- Persistent boredom; low energy
- Social isolation, poor communication
- Low self esteem and guilt
- Extreme sensitivity to rejection or failure
- Increased irritability, anger, or hostility
- Difficulty with relationships
- Frequent complaints of physical illnesses such as headaches and stomachaches
- Frequent absences from school or poor performance in school
- Poor concentration
- A major change in eating and/or sleeping patterns
- Talk of or efforts to run away from home
- Thoughts or expressions of suicide or self destructive behavior

A child who used to play often with friends may now spend most of the time alone and without interests. Things that were once fun now bring little joy to the depressed child. Children and adolescents who are depressed may say they want to be dead or may talk about suicide. Depressed children and adolescents are at increased risk for committing suicide. Depressed adolescents may abuse alcohol or other drugs as a way to feel better.

Children and adolescents who cause trouble at home or at school may also be suffering from depression. Because the youngster may not always seem sad, parents and teachers may not realize that troublesome behavior is a sign of depression. When asked directly, these children can sometimes state they are unhappy or sad.

Early diagnosis and treatment are essential for depressed children. Depression is a real illness that requires professional help. Comprehensive treatment often includes both individual and family therapy. For example, cognitive behavioral therapy (CBT) and interpersonal psychotherapy (IPT) are forms of individual therapy shown

to be effective in treating depression. Treatment may also include the use of antidepressant medication. For help, parents should ask their physician to refer them to a qualified mental health professional, who can diagnose and treat depression in children and teenagers.

Also see the following *Facts for Families*:
#8 Children and Grief
#10 Teen Suicide
#21 Psychiatric Medication for Children
#38 Bipolar Disorder in Teens
#86 Psychotherapies for Children and Adolescents
#00 Definition of a Child and Adolescent Psychiatrist

See Also: *Your Child* (1998 Harper Collins) / *Your Adolescent* (1999 Harper Collins).

Excerpts from *Your Child* on Depressive Disorders

As parents, we want our children to be happy. Yet despite our best efforts to please and protect them, children encounter disappointment, frustration, and, at times, real heartbreak.

All children feel sad or needy sometimes. However, there are some children who seem constantly sorrowful, hopeless, and helpless. Seriously depressed youngsters experience disturbing symptoms that are beyond the range of normal sadness.

Addition information can be found on Identifying the Signs, Causes and Consequences, and How to Respond.

Excerpts from *Your Adolescent* on Depressive Disorders

Depression is a term used to describe a common condition characterized by feelings of sadness, gloom, misery, or despair. Most people experience temporary depression at various points in their lives. Teens with a depressive disorder, however, experience disturbing symptoms that are beyond the range of normal sadness or depression.

The teen years are often a time of brooding and melancholy, but some adolescents are especially prone to frequent and very distressing periods of depression. Your teenager may have a depressive disorder if his mood is consistently said or if he sees his life and future as grim and bleak.

Additional information con be found on Identifying the Signs, Causes and Consequences, and How to Respond

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IMPORTANT FACTS ABOUT ALCOHOL

What is a Standard Drink?

A standard drink contains about 14 grams (about 0.6 fluid ounces of pure alcohol. Below are some approximate drink equivalents:

- 12 oz. of beer or cooler
- 8-9 oz. of malt liquor
- 5 oz. of table wine
- 3-4 oz. of fortified wine
- 2-3 oz. of cordial, liqueur or aperitif
- 1.5 oz. of brandy or spirits

Types of Alcohol Problems

- Relatively low levels of alcohol consumption may increase risk for motor vehicle crashes, medication interactions, fetal effects, strokes caused by bleeding, and certain cancers.1
- Alcohol use disorders include alcohol dependence (known as alcoholism) and alcohol abuse.2
- Alcohol abuse is characterized by clinically significant impairment or distress but does not entail physical dependence.3
- Alcohol dependence (alcoholism) is characterized by 10 diagnostic criteria according to the DSM-IV. These criteria include: impaired control over drinking, tolerance, withdrawal syndrome when alcohol is removed, neglect of normal activities for drinking and continued drinking despite recurrent related physical or psychological problems.4

Who Has An Alcohol Problem?

- 25 percent of U.S. children are exposed to alcohol abuse or dependence in the family.5
- Between 2001 and 2002, the prevalence of alcohol abuse was highest among Native Americans (5.75%) followed by Whites (5.10%), Blacks (3.29%), Hispanics (3.9%), and Asians (2.13%).6
- Alcohol abuse and dependence is more common among males than females and decrease with aging.7
- Between 2001 and 2002, 8.5 percent of adult Americans –17.6 million -- met DSM-IV diagnostic criteria for either alcohol dependence or alcohol abuse.8

Harmful Effects of Alcohol

- Alcohol–related crashes (i.e., those in which a driver or pedestrian had a blood alcohol concentration [BAC] greater than zero) account for 41 percent of all fatal car accidents.9
- Alcohol use contributes to a range of chronic health consequences including cancer and cardiovascular disease. 10
- Alcohol use has been associated with increased risk of traumatic injury including: motor vehicle crashes, bicycling accidents, pedestrians, falls, fires, injuries in sports and recreational activities, interpersonal violence, and self–inflicted injuries.11
- The economic costs of alcohol abuse in the United States are estimated to be approximately $185 billion annually.12

Alcohol and Women

- Women are more vulnerable than men to many of the medical consequences of alcohol use. Alcoholic women develop cirrhosis, damage of the heart muscle (i.e., cardiomyopathy), and nerves (i.e., peripheral neuropathy) after fewer years of heavy drinking than alcoholic men. 13
- Women develop organ damage faster, and at lower levels of alcohol consumption then men. This is because a woman's body generally has less water than a man's causing their blood alcohol content to reach higher level, faster.14
- Alcohol use may affect female reproductive. Adolescent girls who consume even moderate amounts of alcohol may experience disrupted growth and puberty. Heavy drinking in adult women can disrupt normal menstrual cycling and reproductive functions. Alcohol abuse and alcoholism can cause women to suffer from infertility, increased risk for spontaneous abortion, and impaired fetal growth and development15
- Women overall drink less than men but are more likely to experience adverse consequences including damage to the heart muscle, liver, and brain, trauma resulting from auto crashes, interpersonal violence, and death.16
- The progression of alcoholism appears to be faster in women than in men.17

Alcohol and Older Drinkers

- Alcohol-related problems, including interactions with prescription and over-the counter drugs, account for most of the substance related problems experienced by older adults. 18
- Heavy alcohol consumption is known to result in memory deficits. Heavy alcohol consumption also may increase the risk for Alzheimer's disease in both genders and in women in particular, as they appear to be more vulnerable than men to alcohol–induced brain damage. 19
- Because of age-related body changes, the National Institute on Alcohol Abuse and Alcoholism recommends that older drinkers consume no more than one drink a day. 20

Alcohol and Youth

- Young persons reporting first use of alcohol before age 15 were more than 5 times as likely to have past alcohol dependence or abuse compared with persons who first used alcohol at age 21 or older (16 % vs. 3%) .20
- Approximately 20% of 8th graders, 35% of 10th graders, and 48% of 12th graders report having consumed alcohol during the past month.21
- About 12% of 8th, 22% of 10th, and 28% of 12th graders report binge drinking (five or more drinks on a single occasion during the past two weeks).22
- Almost 40% of high school seniors perceive no great risk in consuming four to five drinks nearly every day.23

Alcohol and College Students

- In 2002, 64% of full-time college students (aged 18-22) reported consuming at least one alcoholic drink in the past 30 days.24
- Over 44% of full-time college students reported consuming five or more drinks on the same occasion at least once in the past 30 days. 25
- 1400 college students between the ages of 18 and 24 die each year from alcohol-related unintentional injuries, including motor vehicle crashes.26
- More than 600,000 students between the ages of 18 and 24 are assaulted each year by another student who has been drinking.27

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FACTS ABOUT ANXIETY DISORDERS

- Anxiety disorders cost the U.S. $42 billion a year.
- Anxiety disorders may develop from a complex set of risk factors, including genetics, brain chemistry, personality, and life events.
- An estimated 19 million adult Americans suffer from anxiety disorders.
- Anxiety disorders are highly treatable, yet only about one-third of those suffering from an anxiety disorder receive treatment.

WHAT IS GENERALIZED ANXIETY DISORDER (GAD)?[1]

- Characterized by excessive, uncontrolled worry about everyday things.
- Physical symptoms: muscle tension, nausea, gastrointestinal discomfort, cold and clammy hands, difficulty swallowing, jumpiness, difficulty sleeping.

WHO SUFFERS FROM GAD?[2]

- About 2.8% of the adult U.S. population ages 18 to 54 - approximately 4 million Americans - has GAD during the course of a given year. GAD most often strikes people in childhood or adolescence, but can begin in adulthood, too. It affects women more often than men.
- Compared to most anxiety disorders, the onset of GAD usually occurs at a younger age and the symptoms are slower to emerge.

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2. "What is Generalized Anxiety Disorder?" National Institute of Mental Health, 2003

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FACTS ABOUT BIPOLAR DISORDER

Bipolar disorder, also known as manic-depression, is a type of mental illness that involves a disorder of affect or mood. The person's mood usually swings between overly "high" or irritable to sad and hopeless, and then back again, with periods of normal mood in between.

Symptoms include:

- Extreme irritability and distractibility
- Excessive "high" or euphoric feelings
- Increased energy, activity, restlessness
- Racing thoughts, rapid speech
- Decreased need for sleep
- Unrealistic beliefs in one's abilities and powers
- Increased sexual drive
- Abuse of drugs or alcohol
- Reckless behavior such as spending sprees, rash business decisions, or erratic driving
- In severe cases, hallucinations and loss of reason

Mental health specialists refer to bipolar disorder by type: Type I bipolar disorder involves extreme upswings in mood (mania) coupled with downward spirals. In Type II, the upward swings are more mild (hypomania), but the frequency and intensity of the depressive phase is often severe. Since the elevated mood states of Type II are relatively mild, they are often missed and the bipolar nature of the illness goes undiagnosed.

Who is affected by Bipolar Disorder?

Bipolar disorder affects more than 2.5 million adult Americans every year. (National Institute of Mental Health)

- Up to 90 percent of bipolar disorders start before age 20, although the illness can start in early childhood or as late as the 40's and 50's. An equal number of men and women develop bipolar illness and it is found in all ages, races, ethnic groups and social classes.
- More than two-thirds of people with bipolar disorder have at least one close relative with the illness or with unipolar major depression, indicating that the disease has a heritable component. (National Institute of Mental Health)
- People with bipolar disorder will spend as much as one-fourth of their adult lives in the hospital, and they will live one-fourth of their adult lives disabled. This can result in the person's losing as much as 14 years of cumulative productivity. (National Institute of Mental Health)

Women and Bipolar Disorder

- Although bipolar disorder is equally common in women and men, research indicates that approximately three times as many women as men experience rapid cycling. (Journal of Clinical Psychiatry, 58, 1995 [Suppl.15])
- Other research findings indicate that women with bipolar disorder may have more depressive episodes and more mixed episodes than do men with the illness. (Journal of Clinical Psychiatry, 58, 1995 [Suppl.15])

Economic Factors

- Bipolar disorder is the sixth leading cause of disability in the world. (World Health Organization)

Suicide and Bipolar Disorder

- Bipolar disorder results in 9.2 years reduction in expected life span, and as many as one in five patients with bipolar disorder, completes an attempted suicide. (National Institute of Mental Health)

Children and Adolescents

- Bipolar disorder is more likely to affect the children of parents who have the disorder. When one parent has bipolar disorder, the risk to each child is 15 to 30%. When both parents have bipolar disorder, the risk increases to 50 to 75%. (National Institute of Mental Health)
- Some 20% of adolescents with major depression develop bipolar disorder within five years of the onset of depression. (Birmaher, B., "Childhood and Adolescent Depression: A Review of the Past 10 Years." Part I, 1995)
- Up to one-third of the 3.4 million children and adolescents with depression in the United States may actually be experiencing the early onset of bipolar disorder. (American Academy of Child and Adolescent Psychiatry, 1997)

When manic, children and adolescents, in contrast to adults, are more likely to be irritable and prone to destructive outbursts than to be elated or euphoric. When depressed, there may be many physical complaints such as headaches, and stomachaches or tiredness; poor performance in school, irritability, social isolation, and extreme sensitivity to rejection or failure. (National Institute of Mental Health).

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FACTS ABOUT DEPRESSION

Men:

- In the United States, depression affects nearly 7% of men (6 million men).[1]
- It remains unclear whether depression is actually less common among men, or if men are just less likely to recognize and acknowledge the symptoms than women.
- Four times as many men as women die by suicide in the U.S.[2]
- Men often deal with depression by withdrawing from others and throwing themselves into their work, engaging in risky or dangerous behavior, and/or becoming angry, frustrated and abusive.[3]

Women:

- Women 18 to 45 years of age account for the largest proportion of people suffering from depression.[4]
- Twenty to 40 percent of menstruating women experience premenstrual mood and behavioral changes.
- Approximately 2 to 10 percent of women experience Premenstrual Dysphoric Disorder, a severe form of premenstrual syndrome that is characterized by severely impairing behavior and mood changes.
- In one major study, 100 percent of women who had experienced severe childhood sexual abuse developed depression later in life.
- Although bipolar disorder is equally common in women and men, research indicates that approximately three times as many women as men experience rapid cycling.[5]
- Other research findings indicate that women with bipolar disorder may have more depressive episodes and more mixed episodes than do men with the illness.

Postpartum Depression:[6]

- As many as 10 percent to 15 percent of women experience a clinical depression during pregnancy or after the birth of a baby.
- There is a three-fold increase in risk of depression during or following a pregnancy among women with a history of mood disorders. Once a woman has experienced a postpartum depression, her risk of having another reaches 70 percent.
- As many as 80 percent of women experience the "postpartum blues," a brief period of mood symptoms that is considered normal following childbirth.

Depressive Illness and Latinos

- According to a 1997 National Ambulatory Medical Care Survey, the number of Latinos diagnosed with a depressive illness increased 72.9 % since 1992.
- A recent study (Minsky et al., 2003) found that Latinos are disproportionately diagnosed as having major depression compared with the other ethnic groups.
- Latinos are more likely to present "somatic" symptoms of depression, like body aches and nervousness.
- In the year 2002, 37% of Latinos were uninsured - nearly twice the rate as Caucasians.

Children:

- About 2% of school-aged children (i.e. children 6-12 years of age) appear to have a major depression at any one time. With puberty, the rate of depression increase to about 4% major depression overall. With adolescence, girls, for the first time, have a higher rate of depression than boys. This greater risk for depression in women persists for the rest of life. Depression is diagnosable before school age (e.g. ages 2-5) where it is somewhat rarer but definitely occurs. Overall, approximately 20% of youth will have one or more episodes of major depression by the time they become adults.[7]
- Bipolar disorder is more likely to affect the children of parents who have the disorder. When one parent has bipolar disorder, the risk to each child is estimated to be 15-30%. When both parents have bipolar disorder, the risk increases to 50-75%.[8]
- According to the American Academy of Child and Adolescent Psychiatry, up to one-third of the 3.4 million children and adolescents with depression in the United States may actually be experiencing the early onset of bipolar disorder.

Adolescents:

- About 4% of teenagers have major depressive disorder (MDD) at any one time. Among teens, girls are more often affected than boys. MDD frequently interferes with home, school and family life, including causing a lot of family stress. Suicide is the third leading cause of death among teenagers, with about half of these associated with depression. This makes depression a common and serious illness that is important to identify and treat early in the course of the disease. To understand which treatments work best for which depressed teenagers, TADS is comparing different treatments for major depression in teens, with the goal of improving the treatment and outcomes of young persons with this disorder.[9]
- Up to 90% of bipolar disorders start before age 20.[10]

Older Adults:[11]

- Depression in its many forms affects more than 6.5 million of the 35 million Americans who are 65 years or older.
- Symptoms in older persons may differ somewhat from symptoms in other populations. Depression in older people is often characterized by memory problems, confusion, social withdrawal, loss of appetite, inability to sleep, irritability, and, in some cases, delusions and hallucinations.
- Somatic symptoms of depressive disorders, such as aches and pains, can sometimes be obscured by other physical problems in older adults.

African Americans:[12]

- Adult Caucasians who have either depression or an anxiety disorder are more likely to receive treatment than adult African Americans with the same disorders even though the disorders occur in both groups at about the same rate, taking into account socioeconomic factors.
- More than 2.5 million African Americans have bipolar disorder.
- According to the 2001 Surgeon General's report on mental health, the prevalence of mental disorders is believed to be higher among African-Americans than among whites, and African Americans are more likely than whites to use the emergency room for mental health problems.

- African Americans with depression were less likely to receive treatment than whites (16 percent compared to 24 percent).
- Only 26 percent of African-Americans with diagnosed generalized anxiety disorder received treatment for their disorder compared to 39 percent of whites with a similar diagnosis, according to the 2001 Surgeon General's report on mental health.

Parental Depression:[13]

- Preschool children of depressed mothers have been reported to have lower social competence.
- School age and adolescent children of depressed parents have more difficulty relating to peers, higher rates of depression and anxiety, and increased rates of disruptive behavior problems.
- Sons of depressed fathers show decreased levels of cognitive performance.

General Information about Mental Illness:

- Mental disorders are the leading cause of disability (lost years of productive life) in the North America, Europe and, increasingly, in the world. By 2020, Major Depressive illness will be the leading cause of disability in the world for women and children.
- Mental illnesses strike individuals in the prime of their lives, often during adolescence and young adulthood. All ages are susceptible, but the young and the old are especially vulnerable.
- 10-15% of all depressions are triggered by other medical conditions (such as thyroid disease, cancer or neurologic problems) or by medications. The use of drugs and alcohol can also cause depression.[14]

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12. National Mental Health Association.
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14. The American College of Obstetricians and Gynecologists.

Mental Health Self-Assessment Program™
Putting the Pieces Together
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IMPORTANT FACTS ABOUT POST-TRAUMATIC STRESS DISORDER[1]:

Post-traumatic stress disorder affects people who have experienced a traumatic event such as military combat, natural disasters, terrorist incidents, serious accidents, or personal assaults such as rape.

Symptoms include nightmares and flashbacks, difficulty sleeping, and feelings of detachment/estrangement. Symptoms can be persistent and severe enough to significantly impair a patient's daily life.

PTSD often occurs in conjunction with related disorders such as depression, substance abuse, and problems with memory and cognition. It may also affect a person's ability to function at work, in a marriage, or as a parent.

Those more likely to experience PTSD include:

- Those who experience greater stressor magnitude and intensity, unpredictability, uncontrollability, sexual (as opposed to nonsexual) victimization, real or perceived responsibility, and betrayal.
- Those with prior vulnerability factors such as genetics, early age of onset and longer-lasting childhood trauma, lack of functional social support, and concurrent stressful life events.
- Those who report greater perceived threat or danger, suffering, upset, terror, and horror or fear.
- Those with a social environment that produces shame, guilt, stigmatization or self-hatred.

1. National Center for PTSD Fact Sheet.