

Ministerial Guide to Mental Disorders

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A road less traveled

There are some ministries which do minister to the mentally ill effectively, but there are many ministers who do not know or understand mental illness. It can be a daunting task for the uninitiated. It is easy to fear what we do not understand. Prejudices abound.

But since one in four homes (25%) in the United States is touched by mental illness, it is a problem which will not go away and cannot be swept under the rug.

Generally speaking, most ministers have several responsibilities to the flock; among them:

- Preaching the gospel
- Feeding the flock
- Comforting the people
- Creating an environment of acceptance and society
- Protecting the flock from harm

It is a difficult balance between comforting those in need and protecting the flock when mentally ill people are involved. Often, mentally ill people can be very high maintenance and soak up all your time. On the other hand, mentally ill people can be very disruptive to a congregation.

A minister must know and understand every member of his congregation to be effective.

This guide insures that at minimum anyone dealing with a group of people will recognize several of the more important mental illnesses and their potential consequences for the individual personally and for the group.

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A brief view of some mental illnesses and possible consequences

Bipolar Disease

Some may be more familiar with the term Manic-Depressive Illness.

This disease has an inherited genetic component which predisposes the inheritor to mood swings.

The onset of the disease is preceded by a psychotic break, which is triggered by extreme stress--usually by some event which the patient cannot handle; all sorts of bizarre behavior and beliefs may be exhibited, including, but not restricted to, belief that the person is the ruler of the world [probably from the frustration of feelings of helplessness], Jesus Christ, or is magical in some way.

Most ministers may never see a person in a psychotic break, but beyond bizarre behavior and ideas, pupils may become dilated for no detectible reason and then return to normal size nearly instantly.

People with bipolar disease present two major problems:

- 1) they may commit suicide, particularly if untreated, and 25% or so do; and
- 2) in the manic mode they may become quite disruptive: Personally, these people may incur heavy debt because in the manic state, they simply do not keep track of what they are doing or realize the implications of what they have done--they are expansive and think that they are so great nothing can affect them; this can be very disruptive to a congregation, particularly if people begin to follow the mania and begin to believe the ideas: This, in itself becomes a Folié de Deux--literally from the French, "A Folly of Two" [it can extend to dozens, hundreds or even thousands] until the influence of the person with the mania is removed.

A person with bipolar disease needs pharmaceutical treatments prescribed by a mental health professional; counseling may be helpful, but as is the case with most mental illnesses, it is a physiological phenomenon of the brain--the body is chemically out of balance--and the patient needs treatment to survive, pretty much for a lifetime.

Note that it is unwise and unproductive to argue with a mentally ill person: They can be very convincing.

Expect these people to be heavily in debt—in Manic Mode, they spend lots of money: Telling them they can get over their mental illness by being positive is exactly the wrong approach!

Many people with bipolar disease find they can feel really good from sleep deprivation, which puts them into mania—and it is addictive because it feels so very very good.

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Obsessive-Compulsive Disorder (OCD)

People with OCD are the sort who do repetitive tasks over and over again, rather compulsively.

Most of the time, these people are not going to be disruptive to the congregation, but do suffer greatly from embarrassment for their neurotic behavior and need validation and comforting.

Three areas of the brain are "locked" together to produce Obsessive-Compulsive Disorder: The cingulate gyrus, the orbital cortex and the caudate nucleus. The most important of these is the caudate nucleus. The damage to these areas may come from genetics, brain damage following head injury, or from an autoimmune attack upon the region.

The caudate nucleus is essentially the automatic transmission of the brain's thought processes: It is the part of the brain that allows thought to flow smoothly, easily, "naturally."

In OCD, the caudate nucleus has sustained damage of some kind.

The solution is to reroute the brain [brain mapping] to use the cerebral cortex to compensate for the feelings generated by the amygdala: Patients can learn to treat themselves with cognitive-behavior therapy which includes refusing to perform the compulsion; it is not sufficient for a patient to experience awareness and have awareness--they must do something else besides their compulsion--something wholesome, like engaging in a hobby, rather than, say, repeatedly washing their hands.

This process is highly successful and has eliminated years of pain and OCD behavior.

Congregational members don't have to continue suffering the shame of OCD.

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Attention Deficit Hyperactivity Disorder (ADHD)

Having difficulty with some of your congregation sitting still and paying attention to the sermon? It could be an overactive thyroid, but more likely it is some variant or subset of ADHD.

There are a variety of pharmaceuticals which may be prescribed for ADD or ADHD and some anti-depressants may be specified by a mental health professional.

These people may not be able to sit through a full sermon and may have anxiety attacks that prevent them from attending from time to time.

Outside of the obvious immediate disruptions, the patient may have difficulty being successful at their endeavors and frustrated.

Patience and understanding go a long way to helping these people.

Autism

Autism is an inherited disorder where the cerebellum simply doesn't process perceptual signals fast enough for normal functioning and the hippocampus: Nothing comes in from the outside world smoothly and people with autism find it next to impossible to follow the rhythms of other people.

People with autism suffer from overwhelming problems with communication; they may rock back and forth; they might bang their heads repeatedly; they usually cannot learn to lie because they can't relate to the reactions of other people which indicate what their reactions may be; they often speak in monologues; they usually don't make eye contact; and they certainly don't interact well, if at all, in group discussions.

Because of electrical activity in the brain becoming much like a lightning storm when they are touched, many autistic people generally do not like physical contact with others--that is to say, to have other people touch them.

An overwhelming percentage of boys have autism, and while it is found in girls the ratios range from 2:1 to 5:1 where boys may be found with autism five times as often as girls.

It takes a long time with one on one sessions for an autistic person to be able to function with someone else with any degree of success.

Patience and understanding go a long way to helping these people and they need to be sheltered from the overload of multiple human contact.

They may be found to be socially inept by others.

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Depression

Clinical depression is *not* an absence of faith, it is a physiological problem in which the normal activities in the brain which enable a normal person to recover from sadness simply aren't working properly.

When someone encounters an event which makes them sad or "depressed", the brain goes right to work stimulating production of endorphins to raise the spirits of that person.

Unfortunately, a person given to depression is beyond the natural recovery his or her body requires and may sink deeper into "gray days" which are so bad they can't even get out of bed.

These people are prone to committing suicide when they are just far enough out of depression to mobilize themselves.

Threats to commit suicide should be taken seriously.

Effects on the congregation may include very negative people who are infected with the depressed observations of the person with depression.

The person with depression needs to take the meds; the congregation needs to recognize they've allowed themselves to sink into negative attitudes and recover.

Borderline Personality Disorder

The essential feature of Borderline Personality Disorder is a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity that begins by early adulthood and is present in a variety of contexts.

Individuals with Borderline Personality Disorder make frantic efforts to avoid real or imagined abandonment. The perception of impending separation or rejection, or the loss of external structure, can lead to profound changes in self-image, affect, cognition, and behavior. These individuals are very sensitive to environmental circumstances. They experience intense abandonment fears and inappropriate anger even when faced with a realistic time-limited separation or when there are unavoidable changes in plans....

Individuals with Borderline Personality Disorder have a pattern of unstable and intense relationships. They may idealize potential caregivers or lovers at the first or second meeting, demand to spend a lot of time together, and share the most intimate details early in a relationship. However, they may switch quickly from idealizing other people to devaluing them, feeling that the other person does not care enough, does not give enough, is not "there" enough. These individuals can empathize with and nurture other people, but only with the expectation that the other person will "be there" in return to meet their own needs on demand.

These individuals are prone to sudden and dramatic shifts in their view of others, who may alternately be seen as beneficent supports or as cruelly punitive. Such shifts often reflect

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disillusionment with a caregiver whose nurturing qualities had been idealized or whose rejection or abandonment is expected.

Individuals with this disorder impulsivity in at least two areas that are potentially self-damaging. They may gamble, spend money irresponsibly, binge eat, abuse substances, engage in unsafe sex, or drive recklessly. Individuals with Borderline Personality Disorder display recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior. Completed suicide occurs in 8%-10% of such individuals, and self-mutilative acts and suicide threats and attempts are very common.

Individuals with Borderline Personality Disorder may have a pattern of undermining themselves at the moment a goal is about to be realized. Some individuals develop psychotic-like symptoms during times of stress. Individuals with this disorder may feel more secure with transitional objects (i.e., a pet or inanimate possession) than in interpersonal relationships. Premature death from suicide may occur in individuals with this disorder, especially in those with co-occurring Mood Disorders or Substance-Related Disorders. Physical handicaps may result from self-inflicted abuse behaviors or failed suicide attempts. Recurrent job losses, interrupted education, and broken marriages are common. Physical and sexual abuse, neglect, hostile conflict, and early parental loss or separation are more common in the childhood histories of those with Borderline Personality Disorder. Common co-occurring disorders include Mood Disorders, Substance-Related Disorders, Eating Disorders (notably Bulimia), Posttraumatic Stress Disorder, and Attention-Deficit/Hyperactivity Disorder. Borderline Personality Disorder also frequently co-occurs with the other Personality Disorders.

These people are high maintenance and can be quite disruptive to groups of people as well as individuals.

Fear drives them--particularly the fear of abandonment.

A young man who had spent 90 days in a mental hospital for evaluation and treatment found a young woman he related to and felt sorry for. When they both got out, she would come by to take him different places and they would go to lunch or dinner.

She assumed that a relationship was developing while he was just trying to be "a nice person". Then she told him that if he wouldn't be her boyfriend and have sex with her, she would kill him and commit suicide; as he attempted to terminate the relationship, she continually made threatening telephone calls; fortunately, she was living with her parents and after a discussion with her parents, all contact between them was cut off.

Another woman had dated a man for some time, but he found he was not interested in her. On the other hand, Rose made it clear that she expected them to be together forever and pursued him. This was quite uncomfortable, since by that time he was married to someone else. Eventually, he was able to get her out of his life, but it took exceptional effort.

You should be aware of these people and for the sake of the congregation you will need to take people with Borderline Personality Disorder and intervene on behalf of other members of your group to make it clear that they need to cease and desist with their behavior.

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Most will respond, if reluctantly; if they persist, it may be necessary to involve the crisis clinic and / or have people gain restraining orders.

Schizophrenia and schizoaffective disorder

Schizophrenia and schizoaffective disorder have not been well understood and even less well treated up until the 1990s.

They are inherited disorders which may appear as early as nine years old or as late as the twenties.

Schizophrenia is a condition based in the inherited physiological structure of the brain; particularly, in the areas of the brain involved with perception, there are too many neurons and in other portions of the brain there may be too few.

This is a "double edged sword"; on one hand it may be desirable to have increased mental processing power for rapid processing of perception; on the other, it opens the doors to mental overload.

Here's how it works: [Dr. Frederick Frese](#), a chief psychological administrator with schizophrenia who was once a patient at the facility at which he works was the keynote speaker for the [Regional Support Network \[RSN\]](#); during one of his presentations, he showed a series of five slides, each of the same object; each of the slides contained dots representing the object; the first slide had few dots and would seemingly yield itself to understanding the nature of the object; the next one had more, until, at the last, the object in the fifth slide was clearly a five dollar bill. I couldn't figure it out until the fifth slide, but then, I was sitting in the back of the room.

But one person saw what it was in the first slide.

People with schizophrenia suffer from overload from outside stimuli and have distorted perceptions of the world around them.

They may have sincerely held beliefs inimical to those held by the congregation and can be quite dangerous to themselves and others if untreated.

The untreated may be observed to hear voices and mumble to themselves.

Often their living quarters are quite a mess.

They don't deal well with other people.

Schizoaffective disorder is a combination of components of bipolar disease and schizophrenia: It is the worst of both worlds and the fully developed disease with both components may be misdiagnosed because the development of both parts of the disease may develop somewhat independently.

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Pharmaceuticals prescribed by competent experienced medical professionals often allay the symptoms, but may take some months or years to have a full positive effect.

Weird ideas and threats to congregation members should be taken seriously and you may want to keep the crisis clinic number handy and a cell phone to be able to dial 9-1-1 at a moment's notice.

On the other hand, people having schizophrenia and schizoaffective disorder who have treatment, need validation, patience and love.

Be aware that such people are not particularly social but may require one on one personal contact.

Alzheimer's Disease and dementia

A UBO is an Unidentified Bright Object detected in a PET Scan of the brain--it is an area of the brain where the brain cells have died and have been replaced by fluid.

There is one UBO on the average for each decade after we reach adulthood: Someone who is fifty years old may expect to have five UBOs on the average more or less.

There are literally holes in our heads and we don't realize it because parts of the brain are just *gone*.

It is well known that as we age, the brain deteriorates; for some, their brains continue to work into the later years and they are active and alert; for others, their bodies outlast their minds.

UBOs are not thought to be the cause of Alzheimer's Disease and dementia; rather, some think that it is plaque in the brain and certainly unhealthy glia cells are implicated.

While the cause of Alzheimer's Disease and dementia are not fully known at this time, it is known that the onset of the disease contains a genetic component and those whose parents have an early onset are at risk for an early onset.

The syndromes are characterized first by loss of memory, followed by progressive deterioration; many patients become violent and abusive, losing their personalities as time goes on.

The family of the patient is first concerned, then distressed, then frustrated, then feeling helpless: The person they knew disappears before their very eyes and go from human to animal until they fade and expire.

And after the terrible distress, the family is generally depleted emotionally and spiritually becoming progressively more and more apathetic, until, in the end, when the patient inevitably dies, they feel only relief.

At this time, there are medications which can slow the disease, but stopping it is beyond current science.

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Now, occasionally, a patient is misdiagnosed.

A woman was diagnosed by two different psychiatrists as having dementia and a third one had no reason to doubt their diagnosis until one day, he barged into her room while she was dressing and she had a "modesty" reaction wherein she covered her breasts.

The psychiatrist, being particularly alert and smart, noted the reaction and gave her appropriate treatment; she recovered and was able to take care over herself and periodically drives hundreds of miles by herself to visit her children and grandchildren.

Outside of a misdiagnosis or a Divine Intervention, those with Alzheimer's Disease and dementia have a hopeless future; your job is to comfort them, knowing that the end may be to lose their personalities and die.

The family will feel guilty about feeling apathy and relief when their loved one finally dies--their personality was long gone.

These realities have to be faced to do your job and comfort those in need.

Alcoholism

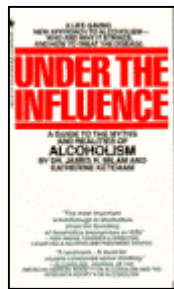
Alcoholism is a special category which may be found in the DSM-IV, but has additional spiritual components.

It is a sex linked inherited disorder passed from mother to the children through the mitochondria. Alcoholism is genetic and is not a choice.

An alcoholic is born, but may never have occasion to exhibit the disorder unless they choose to drink.

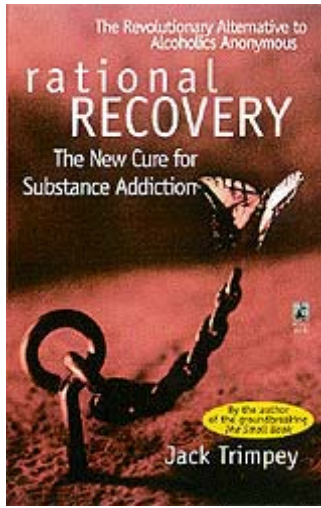
All alcoholics may choose not to drink and that pretty much solves the problem, unless their bodies have been depleted in the third stage of alcoholism and they lapse into hypoglycemia, in which case they need a medical doctor to provide the path to leave drinking so the body can recover from depletion of vitamin b and other affects of the alcohol.

More about alcoholism may be found in "*Under the Influence*" by Dr. James Milam:



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For real help for alcoholism, see the web site [Rational Recovery](http://www.rational.org/) at . [http://www.rational.org//](http://www.rational.org/)



"So, if you walk into a room where people are praying together, and use a book describing an intense religious conversion, and implore each other to surrender their lives to God, and ask God to remove their personal problems, and then evangelize that program throughout society, you no longer find anything religious about that. I can tell you that every single newcomer, including you, sees religion at the first meeting. Newcomers or returnees are desperate and vulnerable, their self-confidence already shaken by personal downfall, so they are highly suggestible to distrust their own thought processes. Under gentle group pressure, they betray themselves by accepting AA's first inversion of truth, "This is not religious!" This sets the stage for a progression of self-betrays that result in selflessness, the surrender of one's own judgment to the group's judgment."

--Jack Trimpey, Founder of Rational Recovery

There are many dangers to Alcoholics Anonymous, the first of which is that an alcoholic needs immediate help--the help to choose permanent abstinence immediately--and AA does not offer that help.

Alcoholics can stop drinking today using AVRT from Rational Recovery and "stay on the wagon" permanently, taking personal responsibility for alcoholism and ceasing it entirely; they don't need years of attending meetings and they aren't powerless to stop drinking.

The other part of this scenario is that as a religion, Alcoholics Anonymous is designed to take your members away from you and spend time in AA; and while churches may participate in sponsoring meetings, be apprised that under the charter of AA, there are no Bibles permitted and there can be no opening prayer--and as a minister, you have absolutely NO say in what goes on in the meeting, whether it is heresy or not.

Note that AA lies by saying "This is not religious" and note who is the Father of Lies.

Temperance is a good thing.

For alcoholics, temperance is defined as NO alcohol.

For those in your congregation who claim they can do without alcohol, challenge them by telling them to prove it by stopping all drinking of alcohol.

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Two pernicious personality disorders

Both Narcissism and Psychopaths are covered elsewhere on this site in great detail.
Both are incurable.

Both are very disruptive to individuals and groups of people.

Both are a threat to you and your congregation.

Narcissists are threat because they have no empathy for others and are the center of their own universe.

There is no such thing as a Christian Narcissist: It is quite impossible.

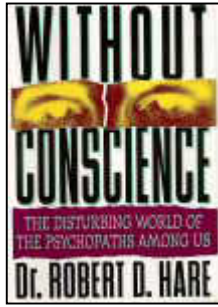
Just to be sure you understand:

The Diagnostic and Statistical Manual of Mental Disorders (DSM IV), gives the following diagnostic criteria for narcissism (301.81):

A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by *five (or more)* of the following:

- 1) has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements);
- 2) is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love;
- 3) believes that he or she is 'special' and unique and can only be understood by, or should associated with, other special or high status people (or institutions);
- 4) requires excessive admiration;
- 5) has a sense of entitlement, i.e. unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations;
- 6) is interpersonally exploitative, i.e., takes advantage of others to achieve his or her own ends;
- 7) lacks empathy: is unwilling to recognize or identify with the feelings and needs of others;
- 8) is often envious of others or believes that others are envious of him or her;
- 9) shows arrogant, haughty behaviors or attitudes.

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A psychopath is a narcissist with no conscience.

Add to that poor behavior controls and you round out the picture.

Psychopaths are a threat because they have no conscience and no sense of right and wrong at all; they only know what pleases them and interests them and don't particularly let ethics or morals get in their way.

Their brains are physiologically wired differently compared "normal" people: Dr. Robert Hare found this early on in his studies of psychopaths from their brain wave patterns--the person he was reporting his findings to, accused him of falsifying the printouts because he was sure those were NOT human brain waves.

It appears that the two hemispheres of the brain are not coordinated and speech as well as behaviors are formed independently, thus giving rise to illogical but persuasive statements such as, "I am a non-violent kind of guy, that is why I had to kill him".

Most psychopaths have a low vocabulary and it may be noted that the ones who have sufficient behavior control to build a large vocabulary become more sophisticated in their con games.

Even experienced researchers have been conned by them.

While they cannot empathize with others, they can read emotions and are quick to capitalize on feelings: They know how to read people and within seconds can determine what your attitudes are and they can use their observations to manipulate people [they know where all the "hot buttons" are and they know how to press them]; one person said, "It's so easy".

While they might convince you to feel sorry for them, they really aren't what they appear to be; there are very few, if any, recorded suicides among psychopaths: They like their lifestyle and they aren't about to give it up.

So unlike any other mental illness, when a person you know is a psychopath, says they are going to commit suicide, don't believe them.

You might like to help them, but you can't.

You don't need them in your congregation.

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You don't want them in your congregation.

You need to get rid of them as quickly as possible before they do damage to you and your congregation.

Unfortunately, many narcissists and psychopaths are out there and they form their own churches and name themselves apostles.

And your congregation needs to be warned.

It should be noted that so far there has never been a recorded incident of a psychopath effectively repenting and turning to a godly life.

About 1% to 2% of the general population are thought to be psychopaths, but in the prison population 40% of the prisoners have been found to be psychopaths.

This shows the disproportionate ratio of problems by perpetrators: In sniper shootings in the East, one sniper killed at least eight people and had the attention of the whole nation; similarly, the Columbine school shootings involved very few perpetrators who leveraged their evil deeds to involve the whole nation; examples abound.

You may be sorely tempted to leave the 99 sheep to go rescue the one lost sheep.

Just forget it.

The one "lost sheep" probably will have been devouring the rest of the 99 and when you finally find it, you will find that it is really a wolf.

Any minister who thinks he or she can reform a psychopath is either ignorant or arrogant. You should not be ignorant of Satan's Devices.

Or his servants.

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Family Members

One in four (25%) of the families in the United States is touched by mental illness.

This does not mean that only 25% of the people in the United States is touched by mental illness--the percentage is much higher--it means that one or more members of a family may have mental illness in 25% of the homes.

By definition, a family with a mentally ill person isn't working properly.

A family touched by mental illness is a dysfunctional one; it cannot be any other way.

Concern for the patient--the mentally ill person--often obscures the needs of family members suffering from the effects of bizarre disruptive and often destructive behavior patterns of a person in their midst that they cannot understand and has suddenly become a stranger.

Since mental illness may be totally unknown to the family up to the point that a member has a break with reality, they may be terribly confused at first, angry, then frustrated.

A person who is going through a psychotic break may have unusual desires and needs extending to turning on loud rock music from every television, radio, CD player, tape player and computer in the house in the middle of the night, aggravating already exhausted and confused family members with additional sleep deprivation.

Family members may be trying in vain to reason with the mentally ill person and trying to rationalize the situation in some way.

Certainly, they will not know what to do.

You can help.

Advising the family on their options, like having them contact the crisis clinic is a good start.

Revealing to them the basic concepts of mental illness and how they can deal with it is another step in the program.

Enabling them to understand how to secure the family will certainly be appreciated.

Beyond the obvious, the family will need to be comforted because often they will be burdened by guilt, first, internally, thinking that this was all their fault and, secondly, by police, neighbors, friends and coworkers who will often help the guilt along by tacitly or openly accusing the family of causing the problems.

Help the family work through its fear and doubts.

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Relate to them that processing the experience of mental illness may have dimensions beyond a broken leg, but the principle is the same: It is a sickness which needs treatment, everyone in the family is affected, and everyone is going to need patience, instruction, and comfort.

If you have been doing your job, the family may trust you as a "first contact" situation.

Be prepared to lead them through a long and difficult journey.

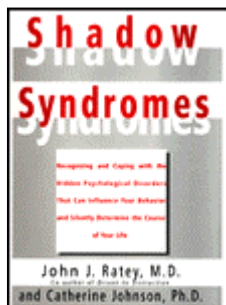
Enough families have been through this journey and have stabilized with the family member(s) receiving the appropriate treatment and becoming functional that it is possible to hold out hope.

Give both patients and families the hope to go on and triumph over the mental illness.

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A final note

The book, [Shadow Syndromes](#) may be helpful in understanding various mental illnesses and strategies for people to improve their situation.



Competent ministers serve a need and should be respected for the contribution they make in their difficult but rewarding responsibilities.

Those interested in more details of diagnosing mental disorders may acquire the *Diagnostic And Statistical Guide to Mental Disorders IV* by the American Psychiatric Association.

Ministers interested in [Other Factors Influencing Mental Health](#) may go to [Factors](#) in the Appendix.

Note that while there aren't studies on the subject because it can't be funded, supplementing medications with herbs, vitamins and minerals may have a synergy helpful to the patient: For example, certain pharmaceuticals cause twitching around the mouth; researchers have found that administering Vitamin E has prevented the twitching and one Psychiatrist found that not one of his patients taking the medications with these side effects who also took Vitamin C and Vitamin E, has ever experienced those side effects in all the decades of his practice!

Junk food is harmful: Simple carbohydrates which are sugars which dissolve in the mouth, drive up the blood sugar temporarily; the body then releases insulin to decrease the glucose in the blood stream; this works and the blood sugar plunges and plunges and plunges; finally, in most normal people the body recovers and the blood sugar rises to a more reasonable level.

In people who are not facing mental illness, this is not a particularly good scenario, but for people with mental illness, this is a terrible idea.

People prone to depression may experience more severe symptoms.
Others may have anxiety attacks.

People with addictions may find it driving them back to addictions: A person at an Alcoholics Anonymous Meeting who smokes cigarettes, slugs down the coffee and eats donuts, is probably going to go off the wagon.

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Yet, this sugar cycle of junk foods is one which is most often unconsciously used for self-treatment.

Aaron had the criteria of a psychopath and was starving; there were healthy snacks including veggies, fruit, cheese, and so forth; what did he do? He ignored the snacks and went for a cup of apple juice and didn't eat anything.

We all eat junk food [unless we're really weird!].

One psychiatrist tells his patients to have one junk food day a week--generally on Saturday, because they will have Sunday to recover and will be mostly OK to be able to go back to work on Monday!

Good balanced nutrition goes a long way to enable a person with mental illness to raise the quality of life.

People with mental illness have difficulty with dealing with their own issues as a result of the disease from which they suffer; the most encouraging sign a patient is recovering is when they begin to show concern for those outside of themselves.

Nevertheless, people with mental illness are generally easily overloaded and lading them with the cares of this life with such things as concern for world news and events, particularly if they are negative, only contributes to the mental "noise" experienced by those who suffer from various syndromes.

The general idea is to move people from the "noise" of this world and the "noise" of their brains to peace.

And for Heaven's Sake, don't preach sermons about suicides and murders, demon possession, crime, war, the homeless and similar horrors!

"Whatsoever is of a good report" applies here.

This must be done with faith and patience with the belief in things not seen, namely the joy of salvation from the evil disease from which they are suffering.

Give them hope by telling them that everything does happen for a reason--though we might not know what it is at the time--that we all learn by the things that we suffer, and that sooner or later, even as all good things must come to an end, all bad things must come to an end as well; advise them to be patient patients.

Encourage them to stay on the track which is doing them good, and get off the track which is NOT doing them good.

In the end, the Spirit is a Spirit of power and of love and of a sound mind to lead the afflicted to peace.

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Appendix

Various factors influence mental health

Adding Vitamins and Nutrients

A study by researchers at the University of Oxford has found that adding vitamins and other vital nutrients to young people's diets can cut crime.

They found that improving the diets of young offenders at a maximum security institution in Buckinghamshire cut offences by 25%.

The study - one of the first to show a scientific link between healthy eating and crime - has now been extended to see if the findings can be applied to the population in general.

Bernard Gesch and colleagues at the University of Oxford enrolled 230 young offenders from HM Young Offenders Institution Aylesbury in their study.

Half of the young men received pills containing vitamins, minerals and essential fatty acids. The other half received placebo or dummy pills.

The researchers recorded the number and type of offences each of the prisoners committed in the nine months before they received the pills and in the nine months during the trial.

They found that the group which received the supplements committed 25% fewer offences than those who had been given the placebo.

The greatest reduction was for serious offences, including violence which fell by 40%.

There was no such reduction for those on the dummy pills.

'Huge difference'

The authors described the finding as "remarkable".

Writing in the British Journal of Psychiatry, they said improving diets could be a cost-effective way of reducing crime in the community and also reducing the prison population.

Mr Gesch said: "The supplements just provided the vitamins, minerals and fatty acids found in a good diet which the inmates should get anyway. Yet the improvement was huge."

He added: "This approach needs to be re-tested but looks to be cheap, highly effective and humane."

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He said that given that nutrients were the building blocks of the brain and its associated structures, it was highly likely that a good diet would have a direct impact on behaviour.

The study was organised by Natural Justice, a research charity set up in 1991 to investigate the social and physical causes of crime.

Its chairman Bishop Hugh Montefiore of Birmingham, said: "The study is of great importance not only to those who work inside prisons but also more widely in the community."

He added: "There are many causes of anti-social behaviour. But our project has shown that an important factor is the lack of proper nutrition.

"The reduction of disciplinary offences by 25% among those who took the supplements cannot be shrugged off as insignificant."

Strong evidence

Sir David Ramsbotham, former chief inspector of prisons, urged officials to consider the findings.

"It must make sense for the prison service to explore every avenue that might enable every prisoner to live a useful and law abiding life.

"If healthy eating is part of a healthy lifestyle, and a healthy lifestyle is a crime-free lifestyle, I hope that they will look seriously at exploiting the evidence presented to them."

Ron Blackburn, professor of clinical psychology at the University of Liverpool, said: "Efforts to reduce offending usually require major resources.

"This research programme promises to have an impact on antisocial behaviour with minimal intervention and deserves full support."

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Six Hours of Sleep May Be Inadequate

Modest Sleep Deprivation Linked to Inflammation, Lowered Performance

By [Paula Moyer](#)

June 25, 2002 -- Eight hours of sleep is a luxury; six is enough to get you through, right? Wrong.

According to experts, getting just six hours of sleep a night is associated with increased daytime sleepiness, decreased performance, and a change in blood factors that promote the potentially dangerous process of inflammation.

Inflammation of this sort can lead to a variety of problems such as heart disease and hardening of the arteries, or atherosclerosis.

"We found that ... six ... hours of sleep is not optimal [when compared with eight]," Alexandros N. Vgontzas, MD, tells WebMD. "Two hours of sleep deprivation per night for one week is associated with increased sleepiness, decreased performance, and activation of the inflammatory system." Vgontzas, a professor of psychiatry at Penn State College of Medicine in Hershey, is the author of a study on the effects of sleep deprivation presented at a recent medical meeting.

Most studies of the effects of sleep deprivation evaluate either total or severe sleep deprivation, allowing for less than five hours of sleep per night. Vgontzas asserts that there are few studies on the effects of modest sleep restriction, allowing for six hours of sleep, a pattern more closely resembling contemporary life.

This latest study evaluated the effects of eight hours of sleep vs. six hours of sleep on performance and blood factors associated with inflammation in 25 healthy volunteers.

The volunteers were observed in a sleep laboratory for 12 consecutive nights. The subjects were allowed to sleep for eight hours each night for the first four nights, and they were awakened at 6:30 a.m. Then, the volunteers underwent one week of sleep restriction, when they were awakened two hours earlier, at 4:30 a.m.

After just one week of sleep restriction, the volunteers had a significant increase of daytime sleepiness. Their levels of inflammatory factors jumped when they got only six hours of sleep, and they suffered from decreased vigilance and decreased ability to perform tasks that require coordination and thought.

The findings suggest that modest sleep deprivation may be associated with public safety concerns, such as traffic accidents, the investigators report. They also expressed concern that moderately sleep-deprived people may be at increased risk of major health hazards such as cardiovascular disease and osteoporosis.

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"This is an excellent study," Marc R. Blackman, MD, tells WebMD. Blackman is the chief of the laboratory of clinical investigation at the National Center for Complementary and Alternative Medicine with the National Institutes of Health in Bethesda, Md., and was not involved in the study.

It would be interesting to see if these changes reversed when patients were returned to normal sleep patterns, he says.

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Rejection massively reduces IQ; increases aggression

NewScientist.com

Rejection massively reduces IQ

13:45 15 March 02

Emma Young, Blackpool

Rejection can dramatically reduce a person's IQ and their ability to reason analytically, while increasing their aggression, according to new research.

"It's been known for a long time that rejected kids tend to be more violent and aggressive," says Roy Baumeister of the Case Western Reserve University in Ohio, who led the work. "But we've found that randomly assigning students to rejection experiences can lower their IQ scores and make them aggressive."

Baumeister's team used two separate procedures to investigate the effects of rejection. In the first, a group of strangers met, got to know each other, and then separated. Each individual was asked to list which two other people they would like to work with on a task. They were then told they had been chosen by none or all of the others.

In the second, people taking a personality test were given false feedback, telling them they would end up alone in life or surrounded by friends and family.

Aggression scores increased in the rejected groups. But the IQ scores also immediately dropped by about 25 per cent, and their analytical reasoning scores dropped by 30 per cent.

"These are very big effects - the biggest I've got in 25 years of research," says Baumeister. "This tells us a lot about human nature. People really seem designed to get along with others, and when you're excluded, this has significant effects."

Baumeister thinks rejection interferes with a person's self-control. "To live in society, people have to have an inner mechanism that regulates their behaviour. Rejection defeats the purpose of this, and people become impulsive and self-destructive. You have to use self-control to analyse a problem in an IQ test, for example - and instead, you behave impulsively."

Baumeister presented his results at the annual conference of the British Psychological Society in Blackpool, Lancashire, UK.

13:45 15 March 02

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Noise

From the [National Geographic](#) in the July 2002 issue, comes this article, "**Health Sounds Dangerous**":

New research shows that loud noise doesn't only interfere with students' ability to hear the teacher. it also may contribute to a state of "learned helplessness," in which young children feel powerless over their environment and give up trying, putting them at greater risk for academic failure.

Tests conducted in schools near noisy airport flight paths show children performing worse on problem-solving tests than children in quieter areas.

In another study, abilities rose after noise-abatement procedures were followed.

High ceilings and hard blackboards reverberate loud voices, bells, fire alarms, and even the lower decibel "white noise" of heating and cooling systems.

Experts suggest installation of buffers such as carpet and acoustic tiles to help absorb loud noises--and increase learning.

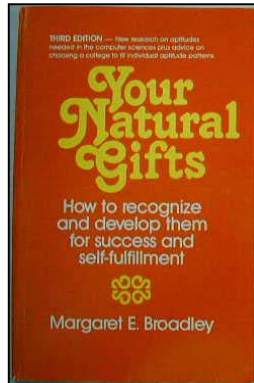
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Vocabulary

“Your Natural Gifts” by Margaret Broadley has many to say about building your vocabulary.

Often overlooked is the role that building vocabulary has in building a healthy mind:

As a person builds a vocabulary of words derived from Latin and Greek origins which renders precise meaning, the synapses of the brain are developed and the cortex of the brain becomes stimulated to make the person much 'brighter' and making it more easily possible to reroute some of the functions of the cerebellum.



Vocabulary is the tool set of language. It is measured by the level of precision acquired for its use. A high vocabulary generally consists mainly of words from Greek and Latin roots. A high vocabulary person uses words with precision—the right word at the right time.

Vocabulary is useful in other ways.

Vocabulary enables us to think and aids in both work and social endeavors.

With one exception, that of a salesman, the higher the vocabulary of the career or profession, the higher the earnings—the pay.

Unfortunately, 23% of the adults in the United States today are functionally illiterate. Anyone who wants to maintain a sound mind must learn to read to build his or her well-being.

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The highest vocabulary professions are:

- Managers

- Attorneys

- Doctors

Teachers generally have a lower vocabulary than managers, attorneys, and doctors. In fact, they are ranked about number 10 after other professions.

Artists generally rank at the lowest vocabulary levels and with a few notable exceptions are paid accordingly.

In a study of prisoners who tested high for inductive reasoning but low in vocabulary, it was found that there was a high correlation between the low vocabulary and aggressive behavior exhibited through assault and battery: It seems that the high inductive reasoning left the person being right, but having no other way to express it, the person resorted to physical violence to literally "stuff it down someone else's throat"; raising vocabulary levels reduces the incidence of violence by making it possible for the person with high inductive reason to express his thoughts more clearly without resorting to such tactics.

Only about 3,500 words separate the high vocabulary person from the low vocabulary person. English vocabulary stops abruptly in the scale of difficulty. Generally speaking, people who rank in, say, the fifty-second percentile, seldom know words beyond that percentile and would not be expected to have more than a smattering of words unknown to 80% to 99% of the population.

The rate of learning is greatest just at the boundary of our vocabulary level: The technique is to learn words in sequence, not at random.

Vocabulary has a high impact as a factor in our lives.

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Exercise

Exercise can do a lot of good in a short period of time.

The supply of oxygen to the brain, the toning of muscle, and the general well-being that exercise brings can be quite useful to those suffering with mental illness--not to mention everyone else.

From "[Shadow Syndromes](#)":

On the balance, the research shows that the majority of positive neurological alterations to the brain occur as the result of long-term, regular exercise.

Nevertheless, some changes do occur from the first day a program is begun: neural levels of dopamine, serotonin, and norepinephrine rise after a single workout.

Mind depression and anxiety in particular can be very responsive to the effects of exercise.

Exercise increases alpha-wave emissions in the right (or "depressive") hemisphere; this is beneficial because an *increase* in alpha waves appears to correlate with an overall *decrease* in activity in that area (since alpha waves are slower than the beta waves produced when we concentrate).

In short, exercise appears to slow the right side of the brain to some degree, and to stimulate the left side.

That is a good thing, because the left-dominant brain is generally a tougher, more adaptable, more stress-tolerant brain.

Which is what most of us desire.

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Just Plain Getting Organized

If you live in the land of chaos and confusion, it's clear that your mental state is going to be less than effective.

Disorganization is symptom of what is going on in your head: Symbolic of the noise and overload from which you are suffering.

Planning will go a long way to alleviate overload.

Stability is key.

You need a place for everything and have everything in its place if you are to avoid being overwhelmed by the crashing waves of the influx of debris in your life.

Organizing your finances is key to remain afloat in the sea of garbage that so quickly accumulates around us.

Keep a file cabinet, and in the file cabinet, keep individual folders for each account and each "thing" you must track.

Keep the files in logical order, alphabetic is the usual course to follow.

If it doesn't fit anywhere in your life, don't be shy about simply throwing it out!

Less can be more.

If you have deadlines and appointments to keep, be sure to track them and be on time: Being late will disrupt your getting organized and has a disorganizing effect on those with whom you are meeting.

Conclusion

These are just a few of the factors for mental health.
But they are big ones.

Remember that before you can help someone else, you need to be sound and in a position to do so.

The blind leading the blind will probably end up lost in the mini-mall.

One person who is not mentally sound cannot be expected to be much help at all for someone else in a similar condition.

Consider these factors carefully; they will be helpful to you.