



MENTAL HEALTH AWARENESS: A GUIDE TO UNDERSTANDING AND SUPPORTING MENTAL WELLNESS



<https://www.pvpi.co/october-mental-health-month-pvpinc>



Disclaimer:

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This disclaimer makes it clear that the content is for awareness and not a replacement for professional guidance.

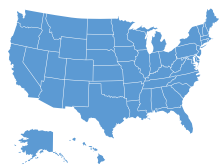
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Action Steps for Helping Someone in Emotional Pain



Suicide is a major public health concern and a leading cause of death in the United States. Suicide affects people of all ages, genders, races, and ethnicities.

Suicide is complicated and tragic, but it can be preventable. **Knowing the warning signs for suicide and how to get help can help save lives.**

Here are 5 steps you can take to #BeThe1To help someone in emotional pain:



1. ASK:

“Are you thinking about killing yourself?” It’s not an easy question but studies show that asking at-risk individuals if they are suicidal does not increase suicides or suicidal thoughts.



2. KEEP THEM SAFE:

Reducing a suicidal person’s access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, asking if the at-risk person has a plan and removing or disabling the lethal means can make a difference.



3. BE THERE:

Listen carefully and learn what the individual is thinking and feeling. Research suggests acknowledging and talking about suicide may in fact reduce rather than increase suicidal thoughts.



4. HELP THEM CONNECT:

Save the 988 Suicide & Crisis Lifeline number (**call or text 988**) and the Crisis Text Line number (**741741**) in your phone so they’re there if you need them. You can also help make a connection with a trusted individual like a family member, friend, spiritual advisor, or mental health professional.



5. STAY CONNECTED:

Staying in touch after a crisis or after being discharged from care can make a difference. Studies have shown the number of suicide deaths goes down when someone follows up with the at-risk person.

For more information on suicide prevention:
www.nimh.nih.gov/suicideprevention
www.bethe1to.com



National Institute
of Mental Health

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I'M SO STRESSED OUT!

From the **NATIONAL INSTITUTE of MENTAL HEALTH**

Feeling overwhelmed? Read this fact sheet to learn whether it's stress or anxiety, and what you can do to cope.

Is it stress or anxiety?

Life can be stressful—you may feel stressed about performance at school, traumatic events (such as a pandemic, a natural disaster, or an act of violence), or a life change. Everyone feels stress from time to time.

What is stress? Stress is the physical or mental response to an external cause, such as having a lot of homework or having an illness. A stressor may be a one-time or short-term occurrence, or it can happen repeatedly over a long time.

What is anxiety? Anxiety is your body's reaction to stress and can occur even if there is no current threat.

If that anxiety doesn't go away and begins to interfere with your life, it could affect your health. You could experience problems with sleeping, or with your immune, digestive, cardiovascular, and reproductive systems. You also may be at higher risk for developing a mental illness such as an anxiety disorder or depression. More information about anxiety disorders is available at www.nimh.nih.gov/anxietydisorders.

So, how do you know when to seek help?

Stress vs. Anxiety

Stress

- Generally is a response to an external cause, such as taking a big test or arguing with a friend..
- Goes away once the situation is resolved.
- Can be positive or negative. For example, it may inspire you to meet a deadline, or it may cause you to lose sleep.

Both Stress and Anxiety

Both stress and anxiety can affect your mind and body. You may experience symptoms such as:

- Excessive worry
- Uneasiness
- Tension
- Headaches or body pain
- High blood pressure
- Loss of sleep

Anxiety

- Generally is internal, meaning it's your reaction to stress.
- Usually involves a persistent feeling of apprehension or dread that doesn't go away, and that interferes with how you live your life.
- Is constant, even if there is no immediate threat.



It's important to manage your stress.

Everyone experiences stress, and sometimes that stress can feel overwhelming. You may be at risk for an anxiety disorder if it feels like you can't manage the stress and if the symptoms of your stress:

- Interfere with your everyday life.
- Cause you to avoid doing things.
- Seem to be always present.



Coping With Stress and Anxiety

Learning what causes or triggers your stress and what coping techniques work for you can help reduce your anxiety and improve your daily life. It may take trial and error to discover what works best for you. Here are some activities you can try when you start to feel overwhelmed:

- Keep a journal.
- Download an app that provides relaxation exercises (such as deep breathing or visualization) or tips for practicing mindfulness, which is a psychological process of actively paying attention to the present moment.
- Exercise, and make sure you are eating healthy, regular meals.
- Stick to a sleep routine, and make sure you are getting enough sleep.
- Avoid drinking excess caffeine such as soft drinks or coffee.
- Identify and challenge your negative and unhelpful thoughts.
- Reach out to your friends or family members who help you cope in a positive way.

Recognize When You Need More Help

If you are struggling to cope, or the symptoms of your stress or anxiety won't go away, it may be time to talk to a professional. Psychotherapy (also called talk therapy) and medication are the two main treatments for anxiety, and many people benefit from a combination of the two.

If you or someone you know has a mental illness, is struggling emotionally, or has concerns about their mental health, there are ways to get help. Find more information on the National Institute of Mental Health (NIMH) website at www.nimh.nih.gov/findhelp.

If you are in immediate distress or are thinking about hurting yourself, call or text the 988 Suicide & Crisis Lifeline at **988** or chat at 988lifeline.org.

More Resources

- NIMH: Anxiety Disorders (www.nimh.nih.gov/anxietydisorders)
- NIMH: Caring for Your Mental Health (www.nimh.nih.gov/mymentalhealth)
- NIMH: Child and Adolescent Mental Health (www.nimh.nih.gov/children)
- NIMH: Tips for Talking With a Health Care Provider About Your Mental Health (www.nimh.nih.gov/talkingtips)
- Centers for Disease Control and Prevention: Anxiety and Depression in Children (www.cdc.gov/childrensmentalhealth/depression.html)



National Institute
of Mental Health

Seasonal Affective Disorder (SAD):

More Than the Winter Blues

As the days get shorter and there is less daylight, you may start to feel sad. While many people experience the “winter blues,” some people may have a type of depression called seasonal affective disorder (SAD).

The first step is to determine how much your symptoms interfere with your daily life.

Do you have mild symptoms that have lasted less than 2 weeks?



- Feeling down but still able to take care of yourself and others
- Having some trouble sleeping
- Having less energy than usual but still able to do your job, schoolwork, or housework

These activities can make you feel better:



- Doing something you enjoy
- Going outside in the sunlight
- Spending time with family and friends
- Eating healthy and avoiding foods with lots of sugar

If these activities do not help or your symptoms are getting worse, talk to a health care provider.

Do you have more severe symptoms that have lasted more than 2 weeks?



- Social withdrawal
- Oversleeping
- Gaining weight
- Craving foods with lots of sugar like cakes, candies, and cookies

Seek professional help:



- Light therapy
- Psychotherapy (talk therapy)
- Medications
- Vitamin D supplements

For help finding treatment, visit [nimh.nih.gov/findhelp](https://www.nimh.nih.gov/findhelp).

If you or someone you know is in immediate distress or is thinking about hurting themselves, call or text the 988 Suicide & Crisis Lifeline at **988** or chat at 988lifeline.org.



[nimh.nih.gov/sad](https://www.nimh.nih.gov/sad)

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Depression in Women:

4 THINGS TO KNOW



From the **NATIONAL INSTITUTE of MENTAL HEALTH**

Feeling sad is a normal reaction to difficult times in life. Depression is different—it is a mood disorder that can affect how a person feels, thinks, and acts. Read this fact sheet to learn about depression in women and ways to get help.

Depression is a medical condition.

Depression is a common but serious mood disorder. Research suggests that depression is caused by a combination of genetic, biological, environmental, and psychological factors.

All people can feel depressed, but the disorder is especially common among women due to unique biological, hormonal, and social experiences.

Depression is not brought on by anything a woman has or has not done, and it is not something she can “snap out” of. Most women need treatment to feel better.



Depression has signs and symptoms to look out for.

Sadness is only one part of depression. Other common symptoms include:

- Anxiety or irritability
- Feelings of hopelessness, worthlessness, or helplessness
- Loss of interest or pleasure in hobbies and activities
- Fatigue, lack of energy, or feeling slowed down
- Difficulty concentrating, remembering, or making decisions
- Changes in sleep or appetite
- Physical aches or pains that do not have a clear physical cause
- Thoughts of death or suicide or suicide attempts

These symptoms can make it hard to think, work, sleep, study, eat, and enjoy life. Talk to a health care provider if you experience symptoms most of the day, nearly every day, for at least 2 weeks. Depression does not look the same for everyone; some women may experience many symptoms, and others may experience only a few.

Communicating well with a health care provider can improve your care. NIMH provides ways to get help, find a health care provider, and access treatment at www.nimh.nih.gov/findhelp. For tips on preparing for and getting the most out of your health care visit, see www.nimh.nih.gov/talkingtips.

If you or someone you know is struggling or having thoughts of suicide, call or text the 988 Suicide and Crisis Lifeline at **988** or chat at 988lifeline.org. In life-threatening situations, call **911**.

Certain types of depression are unique to women.

Certain types of depression occur at specific stages of a woman's life. Pregnancy, the postpartum period, the menstrual cycle, and perimenopause are associated with physical and hormonal changes that can bring on a depressive episode in some women.

- **Premenstrual dysphoric disorder** is a more intense form of premenstrual syndrome, or PMS, that occurs in the weeks before menstruation. The disorder causes severe symptoms, such as depressed mood, anger or irritability, suicidal thoughts, appetite changes, bloating, breast tenderness, and joint or muscle pain.
- **Perinatal depression** occurs during pregnancy or after childbirth. It is more than the “baby blues” many new moms experience after giving birth. Women with perinatal depression feel extreme sadness, anxiety, and fatigue that may make it difficult to carry out daily tasks, including caring for themselves or others. Learn more about perinatal depression at www.nimh.nih.gov/perinataldepression.
- **Perimenopausal depression** affects some women during the transition to menopause. Whereas abnormal periods, problems sleeping, mood swings, and hot flashes are common during the menopause transition, more extreme feelings of irritability, anxiety, sadness, or loss of enjoyment may be signs of depression.



You can get help for depression.

Even the most severe depression can be treated. Common treatments are antidepressant medication, talk therapy (virtual or in person), or a combination of medication and therapy.

There is no “one-size-fits-all” for treatment. It may take trial and error to find the best one for you. A health care provider can explain the different options and help you choose the best treatment based on your symptoms. With help, you can feel better.

For more information on treatments for depression, visit www.nimh.nih.gov/depression.

Find additional resources

The following agencies have more information on depression in women:

- Depression (Office on Women's Health) www.womenshealth.gov/mental-health/mental-health-conditions/depression
- Depression Among Women (Centers for Disease Control and Prevention) www.cdc.gov/reproductivehealth/depression
- Women and Depression (U.S. Food and Drug Administration) www.fda.gov/consumers/women/women-and-depression

The Substance Abuse and Mental Health Services Administration provides an online resource for finding mental health services in your area at <https://findtreatment.gov>.

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Depression



National Institute
of Mental Health

What is depression?

Everyone feels sad or low sometimes, but these feelings usually pass. Depression (also called major depression, major depressive disorder, or clinical depression) is different. It can cause severe symptoms that affect how a person feels, thinks, and handles daily activities, such as sleeping, eating, or working.

Depression can affect anyone regardless of age, gender, race or ethnicity, income, culture, or education. Research suggests that genetic, biological, environmental, and psychological factors play a role in the disorder.

Women are diagnosed with depression more often than men, but men can also be depressed. Because men may be less likely to recognize, talk about, and seek help for their negative feelings, they are at greater risk of their depression symptoms being undiagnosed and undertreated. Studies also show higher rates of depression and an increased risk for the disorder among members of the LGBTQI+ community.

In addition, depression can co-occur with other mental disorders or chronic illnesses, such as diabetes, cancer, heart disease, and chronic pain. Depression can make these conditions worse and vice versa. Sometimes, medications taken for an illness cause side effects that contribute to depression symptoms as well.

What are the different types of depression?

There are two common types of depression.

- **Major depression** includes symptoms of depressed mood or loss of interest, most of the time for at least 2 weeks, that interfere with daily activities.
- **Persistent depressive disorder** (also called dysthymia or dysthymic disorder) consists of less severe depression symptoms that last much longer, usually for at least 2 years.

Other types of depression include the following.

- **Seasonal affective disorder** comes and goes with the seasons, with symptoms typically starting in the late fall and early winter and going away during the spring and summer. For more information, visit www.nimh.nih.gov/SAD.
- **Depression with symptoms of psychosis** is a severe form of depression in which a person experiences psychosis symptoms, such as delusions or hallucinations. For more information, visit www.nimh.nih.gov/psychosis.
- **Bipolar disorder** involves depressive episodes, as well as manic episodes (or less severe hypomanic episodes) with unusually elevated mood, greater irritability, or increased activity level. For more information, visit www.nimh.nih.gov/bipolardisorder.

Additional types of depression can occur at specific points in a woman's life. Pregnancy, the postpartum period, the menstrual cycle, and menopause are associated with physical and hormonal changes that can bring on a depressive episode in some people.

- **Premenstrual dysphoric disorder** is a more severe form of premenstrual syndrome, or PMS, that occurs in the weeks before menstruation.
 - **Perinatal depression** occurs during pregnancy or after childbirth. It is more than the "baby blues" many new moms experience after giving birth. For more information, visit www.nimh.nih.gov/perinataldepression.
 - **Perimenopausal depression** affects some women during the transition to menopause. Women may experience feelings of intense irritability, anxiety, sadness, or loss of enjoyment.
-

What are the signs and symptoms of depression?

Common signs and symptoms of depression include:

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness or pessimism
- Feelings of irritability, frustration, or restlessness
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in hobbies and activities
- Fatigue, lack of energy, or feeling slowed down
- Difficulty concentrating, remembering, or making decisions
- Difficulty sleeping, waking too early in the morning, or oversleeping
- Changes in appetite or unplanned weight changes
- Physical aches or pains, headaches, cramps, or digestive problems without a clear physical cause that do not go away with treatment
- Thoughts of death or suicide or suicide attempts

Depression can also involve other changes in mood or behavior that include:

- Increased anger or irritability
- Feeling restless or on edge
- Becoming withdrawn, negative, or detached
- Increased engagement in high-risk activities
- Greater impulsivity
- Increased use of alcohol or drugs
- Isolating from family and friends
- Inability to meet responsibilities or ignoring other important roles
- Problems with sexual desire and performance

Not everyone who is depressed shows all these symptoms. Some people experience only a few symptoms, while others experience many. Depression symptoms interfere with day-to-day functioning and cause significant distress for the person experiencing them.

If you show signs or symptoms of depression and they persist or do not go away, talk to a health care provider. If you see signs of depression in someone you know, encourage them to seek help from a mental health professional.

If you or someone you know is struggling or having thoughts of suicide, call or text the 988 Suicide and Crisis Lifeline at **988** or chat at 988lifeline.org. In life-threatening situations, call **911**.



How is depression diagnosed?

To be diagnosed with depression, a person must have symptoms most of the day, nearly every day, for at least 2 weeks. One of the symptoms must be a depressed mood or a loss of interest or pleasure in most activities. Children and adolescents may be irritable rather than sad.

Although several persistent symptoms, in addition to low mood, are required for a depression diagnosis, people with only a few symptoms may benefit from treatment. The severity and frequency of symptoms and how long they last vary depending on the person.

If you think you may have depression, talk to a health care provider, such as a primary care doctor, psychologist, or psychiatrist. During the visit, the provider may ask when your symptoms began, how long they have lasted, how often they occur, and if they keep you from going out or doing your usual activities. It may help to take some notes about your symptoms before the visit.

Certain medications and medical conditions, such as viruses or thyroid disorders, can cause the same symptoms as depression. A provider can rule out these possibilities by doing a physical exam, interview, and lab tests.

Does depression look the same in everyone?

Depression can affect people differently depending on their age.

- **Children** may be anxious or cranky, pretend to be sick, refuse to go to school, cling to a parent, or worry that a parent may die.
- **Older children and teens** may get into trouble at school, sulk, be easily frustrated, feel restless, or have low self-esteem. They may have other disorders, such as anxiety, an eating disorder, attention-deficit/hyperactivity disorder, or substance use disorder. Older children and teens are also more likely to experience excessive sleepiness (called hypersomnia) and increased appetite (called hyperphagia).
- **Young adults** are more likely to be irritable, complain of weight gain and hypersomnia, and have a negative view of life and the future. They often have other disorders, such as generalized anxiety disorder, social phobia, panic disorder, or substance use disorder.
- **Middle-aged adults** may have more depressive episodes, decreased libido, middle-of-the-night insomnia, or early morning waking. They often report stomach problems, such as diarrhea or constipation.
- **Older adults** often feel sadness, grief, or other less obvious symptoms. They may report a lack of emotions rather than a depressed mood. Older adults are also more likely to have other medical conditions or pain that can cause or contribute to depression. Memory and thinking problems (called pseudodementia) may be prominent in severe cases.

Depression can also look different in men versus women, such as the symptoms they show and the behaviors they use to cope with them. For instance, men (as well as women) may show symptoms other than sadness, instead seeming angry or irritable.

For some people, symptoms manifest as physical problems (for example, a racing heart, tightened chest, chronic headaches, or digestive issues). Many men are more likely to see a health care provider about these physical symptoms than their emotional ones. While increased use of alcohol or drugs can be a sign of depression in any person, men are also more likely to use these substances as a coping strategy.

How is depression treated?

Depression treatment typically involves psychotherapy (in person or virtual), medication, or both. If these treatments do not reduce symptoms sufficiently, brain stimulation therapy may be another option.

Choosing the right treatment plan is based on a person's needs, preferences, and medical situation and in consultation with a mental health professional or a health care provider. Finding the best treatment may take trial and error.

For milder forms of depression, psychotherapy is often tried first, with medication added later if the therapy alone does not produce a good response. People with moderate or severe depression usually are prescribed medication as part of the initial treatment plan.

Psychotherapy

Psychotherapy (also called talk therapy or counseling) can help people with depression by teaching them new ways of thinking and behaving and helping them change habits that contribute to depression. Psychotherapy occurs under the care of a licensed, trained mental health professional in one-on-one sessions or with others in a group setting.

Psychotherapy can be effective when delivered in person or virtually via telehealth. A provider may support or supplement therapy using digital or mobile technology, like apps or other tools.

Evidence-based therapies to treat depression include cognitive behavioral therapy and interpersonal therapy. Using other forms of psychotherapy, such as psychodynamic therapy, for a limited time also may help some people with depression.

- **Cognitive behavioral therapy (CBT):** With CBT, people learn to challenge and change unhelpful thoughts and behaviors to improve their depressive and anxious feelings. Recent advances in CBT include adding mindfulness principles and specializing the therapy to target specific symptoms like insomnia.
- **Interpersonal therapy (IPT):** IPT focuses on interpersonal and life events that impact mood and vice versa. IPT aims to help people improve their communication skills within relationships, form social support networks, and develop realistic expectations to better deal with crises or other issues that may be contributing to or worsening their depression.

For more information on psychotherapy, including what to look for in a therapist and how to find one, visit www.nimh.nih.gov/psychotherapies.

Medication

Antidepressants are medications commonly used to treat depression. They work by changing how the brain produces or uses certain chemicals involved in mood or stress.

Antidepressants take time—usually 4–8 weeks—to work, and problems with sleep, appetite, and concentration often improve before mood lifts. Giving a medication a chance to work is important before deciding whether it is right for you.

Treatment-resistant depression occurs when a person doesn't get better after trying at least two antidepressants. Esketamine is a medication approved by the U.S. Food and Drug Administration (FDA) for treatment-resistant depression. Delivered as a nasal spray in a doctor's office, clinic, or hospital, the medication acts rapidly, typically within a couple of hours, to relieve depression symptoms. People will usually continue to take an antidepressant pill to maintain the improvement in their symptoms.

Another option for treatment-resistant depression is to combine an antidepressant with a different type of medication that may make it more effective, such as an antipsychotic or anticonvulsant medication.

All medications can have side effects. Talk to a health care provider before starting or stopping any medication. For more information, visit www.nimh.nih.gov/medications.

Note: In some cases, children, teenagers, and young adults under 25 years may experience an increase in suicidal thoughts or behavior when taking antidepressants, especially in the first few weeks after starting or when the dose is changed. The FDA advises that patients of all ages taking antidepressants be watched closely, especially during the first few weeks of treatment.

Information about medication changes frequently. You can learn more about specific medications like esketamine, including the latest approvals, side effects, warnings, and patient information, on the FDA website at www.fda.gov/drugsatfda.

Brain stimulation therapy

Brain stimulation therapy is an option when other depression treatments have not worked. The therapy involves activating or inhibiting the brain with electricity or magnetic waves.

Although brain stimulation therapy is less frequently used than psychotherapy and medication, it can play an important role in treating depression in people who have not responded to other treatments. The therapy generally is used only after a person has tried psychotherapy and medication, and those treatments usually continue. Brain stimulation therapy is sometimes used as an earlier treatment option when severe depression has become life-threatening, such as when a person has stopped eating or drinking or is at a high risk of suicide.

The FDA has approved several types of brain stimulation therapy. The most used are electroconvulsive therapy (ECT) and repetitive transcranial magnetic stimulation (rTMS). Other brain stimulation therapies are newer and, in some cases, still considered experimental. You can learn more about these therapies at www.nimh.nih.gov/braintherapies.

Natural products

The FDA has not approved any natural products for treating depression. Although research is ongoing and findings are inconsistent, some people report that natural products, including vitamin D and the herbal dietary supplement St. John's wort, helped their depression symptoms. However, these products can come with risks, including, in some cases, interactions with prescription medications.

Do not use vitamin D, St. John's wort, or other dietary supplements or natural products without first talking to a health care provider. Rigorous studies must test whether these and other natural products are safe and effective.



How can I take care of myself?

Most people with depression benefit from mental health treatment. Once you begin treatment, you should gradually start to feel better. Go easy on yourself during this time. Try to do things you used to enjoy. Even if you don't feel like doing them, they can improve your mood.

Other things that may help:

- Try to get physical activity. Just 30 minutes a day of walking can boost your mood.
- Try to maintain a regular bedtime and wake-up time.
- Eat regular, healthy meals.
- Do what you can as you can. Decide what must get done and what can wait.
- Connect with people. Talk to people you trust about how you are feeling.
- Delay making important life decisions until you feel better. Discuss decisions with people who know you well.
- Avoid using alcohol, nicotine, or drugs, including medications not prescribed for you.

How can I find help for depression?

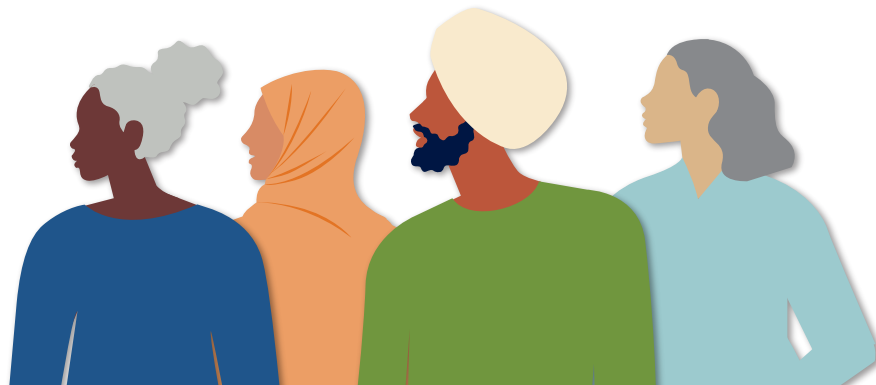
The National Institute of Mental Health (NIMH) has information on ways to get help, find a health care provider, and access treatment at www.nimh.nih.gov/findhelp. You can also find tips to help prepare for and get the most out of your health care visit at www.nimh.nih.gov/talkingtips.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has an online tool to find mental health services in your area at <https://findtreatment.gov>.

How can I help a loved one who is depressed?

If someone you know is depressed, help them see a health care provider or mental health professional. You also can:

- Offer support, understanding, patience, and encouragement.
- Invite them out for walks, outings, and other activities.
- Help them stick to their treatment plan, such as setting reminders to take prescribed medications.
- Make sure they have transportation or access to therapy appointments.
- Remind them that, with time and treatment, their depression can lift.



Clinical trials

Clinical trials are research studies that look at ways to prevent, detect, or treat diseases and conditions. These studies help show whether a treatment is safe and effective in people. Some people join clinical trials to help doctors and researchers learn more about a disease and improve health care. Other people, such as those with health conditions, join to try treatments that aren't widely available.

NIMH supports clinical trials across the United States. Talk to a health care provider about clinical trials and whether one is right for you. For more information, visit www.nimh.nih.gov/clinicaltrials.

For more information

Learn more at www.nimh.nih.gov/health. For information about various health topics, visit the National Library of Medicine's MedlinePlus resource at <https://medlineplus.gov>.

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of Mental Health

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Generalized Anxiety Disorder:

When Worry Gets
Out of Control



National Institute
of Mental Health

Do you often find yourself worrying about everyday issues for no obvious reason? Are you always waiting for disaster to strike or excessively worried about things such as health, money, family, work, or school?

If so, you may have a type of anxiety disorder called generalized anxiety disorder (GAD). GAD can make daily life feel like a constant state of worry, fear, and dread. The good news is GAD is treatable. Learn more about the symptoms of GAD and how to find help.

What is generalized anxiety disorder?

Occasional anxiety is a normal part of life. Many people may worry about things such as health, money, or family problems. But people with GAD feel extremely worried or nervous more frequently about these and other things—even when there is little or no reason to worry about them. GAD usually involves a persistent feeling of anxiety or dread that interferes with how you live your life. It is not the same as occasionally worrying about things or experiencing anxiety due to stressful life events. People living with GAD experience frequent anxiety for months, if not years.

GAD develops slowly. It often starts around age 30, although it can occur in childhood. The disorder is more common in women than in men.

What are the signs and symptoms of generalized anxiety disorder?

People with GAD may:

- Worry excessively about everyday things
- Have trouble controlling their worries or feelings of nervousness
- Know that they worry much more than they should
- Feel restless and have trouble relaxing
- Have a hard time concentrating
- Startle easily
- Have trouble falling asleep or staying asleep

-
- Tire easily or feel tired all the time
 - Have headaches, muscle aches, stomachaches, or unexplained pains
 - Have a hard time swallowing
 - Tremble or twitch
 - Feel irritable or “on edge”
 - Sweat a lot, feel lightheaded, or feel out of breath
 - Have to go to the bathroom frequently

Children and teens with GAD often worry excessively about:

- Their performance in activities such as school or sports
- Catastrophes, such as earthquakes or war
- The health of others, such as family members

Adults with GAD are often highly nervous about everyday circumstances, such as:

- Job security or performance
- Health
- Finances
- The health and well-being of their children or other family members
- Being late
- Completing household chores and other responsibilities

Both children and adults with GAD may experience physical symptoms such as pain, fatigue, or shortness of breath that make it hard to function and that interfere with daily life.

Symptoms may fluctuate over time and are often worse during times of stress—for example—with a physical illness, during school exams, or during a family or relationship conflict.

What causes generalized anxiety disorder?

Risk for GAD can run in families. Several parts of the brain and biological processes play a key role in fear and anxiety. By learning more about how the brain and body function in people with anxiety disorders, researchers may be able to develop better treatments. Researchers have also found that external causes, such as experiencing a traumatic event or being in a stressful environment, may put you at higher risk for developing GAD.

How is generalized anxiety disorder treated?

If you think you're experiencing symptoms of GAD, talk to a health care provider. After discussing your history, a health care provider may conduct a physical exam to ensure that an unrelated physical problem is not causing your symptoms. A health care provider may refer you to a mental health professional, such as a psychiatrist, psychologist, or clinical social worker. The first step to effective treatment is to get a diagnosis, usually from a mental health professional.

GAD is generally treated with psychotherapy (sometimes called "talk therapy"), medication, or both. Speak with a health care provider about the best treatment for you.

Psychotherapy

Cognitive behavioral therapy (CBT), a research-supported type of psychotherapy, is commonly used to treat GAD. CBT teaches you different ways of thinking, behaving, and reacting to situations that help you feel less anxious and worried. CBT has been well studied and is the gold standard for psychotherapy.

Another treatment option for GAD is acceptance and commitment therapy (ACT). ACT takes a different approach than CBT to negative thoughts and uses strategies such as mindfulness and goal setting to reduce your discomfort and anxiety. Compared to CBT, ACT is a newer form of psychotherapy treatment, so less data are available on its effectiveness. However, different therapies work for different types of people, so it can be helpful to discuss what form of therapy may be right for you with a mental health professional.

For more information on psychotherapy, visit www.nimh.nih.gov/psychotherapies.

Medication

Health care providers may prescribe medication to treat GAD. Different types of medication can be effective, including:

- Antidepressants, such as selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs)
 - Anti-anxiety medications, such as benzodiazepines
-

SSRI and SNRI antidepressants are commonly used to treat depression, but they also can help treat the symptoms of GAD. They may take several weeks to start working. These medications also may cause side effects, such as headaches, nausea, or difficulty sleeping. These side effects are usually not severe for most people, especially if the dose starts off low and is increased slowly over time. Talk to your health care provider about any side effects that you may experience.

Benzodiazepines, which are anti-anxiety sedative medications, also can be used to manage severe forms of GAD. These medications can be very effective in rapidly decreasing anxiety, but some people build up a tolerance to them and need higher and higher doses to get the same effect. Some people even become dependent on them. Therefore, a health care provider may prescribe them only for brief periods of time if you need them.

Buspirone is another anti-anxiety medication that can be helpful in treating GAD. Unlike benzodiazepines, buspirone is not a sedative and has less potential to be addictive. Buspirone needs to be taken for 3–4 weeks for it to be fully effective.

Both psychotherapy and medication can take some time to work. Many people try more than one medication before finding the best one for them. A health care provider can work with you to find the best medication, dose, and duration of treatment for you.

For basic information about these and other mental health medications, visit www.nimh.nih.gov/medications. Visit the Food and Drug Administration's website (www.fda.gov/drugsatfda) for the latest warnings, patient medication guides, and information on newly approved medications.

Support Groups

Some people with anxiety disorders might benefit from joining a self-help or support group and sharing their problems and achievements with others. Support groups are available both in person and online. However, any advice you receive from a support group member should be used cautiously and does not replace treatment recommendations from a health care provider.

Healthy Habits

Practicing a healthy lifestyle also can help combat anxiety, although this alone cannot replace treatment. Researchers have found that implementing certain healthy choices in daily life—such as reducing caffeine intake and getting enough sleep—can reduce anxiety symptoms when paired with standard care—such as psychotherapy and medication.

Stress management techniques, such as exercise, mindfulness, and meditation, also can reduce anxiety symptoms and enhance the effects of psychotherapy. You can learn more about how these techniques benefit your treatment by talking with a health care provider.

To learn more ways to take care of your mental health, visit www.nimh.nih.gov/mymentalhealth.

How can I support myself and others with generalized anxiety disorder?

Educate Yourself

A good way to help yourself or a loved one who may be struggling with GAD is to seek information. Research the warning signs, learn about treatment options, and keep up to date with current research.

Communicate

If you are experiencing GAD symptoms, have an honest conversation about how you're feeling with someone you trust. If you think that a friend or family member may be struggling with GAD, set aside a time to talk with them to express your concern and reassure them of your support.

Know When to Seek Help

If your anxiety, or the anxiety of a loved one, starts to cause problems in everyday life—such as at school, at work, or with friends and family—it's time to seek professional help. Talk to a health care provider about your mental health.

Are there clinical trials studying generalized anxiety disorder?

NIMH supports a wide range of research, including clinical trials that look at new ways to prevent, detect, or treat diseases and conditions—including GAD. Although individuals may benefit from being part of a clinical trial, participants should be aware that the primary purpose of a clinical trial is to gain new scientific knowledge so that others may be better helped in the future.

Researchers at NIMH and around the country conduct clinical trials with patients and healthy volunteers. Talk to a health care provider about clinical trials, their benefits and risks, and whether one is right for you. For more information, visit www.nimh.nih.gov/clinicaltrials.

Finding Help

Behavioral Health Treatment Services Locator

This online resource, provided by the Substance Abuse and Mental Health Services Administration, helps you locate mental health treatment facilities and programs. Find a facility in your state at <https://findtreatment.samhsa.gov>. For additional resources, visit www.nimh.nih.gov/findhelp.

Talking to a Health Care Provider About Your Mental Health

Communicating well with a health care provider can improve your care and help you both make good choices about your health. Find tips to help prepare for and get the most out of your visit at www.nimh.nih.gov/talkingtips. For additional resources, including questions to ask a provider, visit the Agency for Healthcare Research and Quality website at www.ahrq.gov/questions.

If you or someone you know is in immediate distress or is thinking about hurting themselves, call the **National Suicide Prevention Lifeline** toll-free at 1-800-273-TALK (8255). You also can text the **Crisis Text Line** (HELLO to 741741) or use the Lifeline Chat on the National Suicide Prevention Lifeline website at <https://suicidepreventionlifeline.org>.

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ClinicalTrials.gov

www.clinicaltrials.gov

<https://salud.nih.gov/investigacion-clinica> (en español)

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National Institute
of Mental Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

NIH Publication No. 22-MH-8090

Revised 2022

Panic Disorder:

When Fear
Overwhelms



National Institute
of Mental Health

Do you sometimes have sudden attacks of anxiety and overwhelming fear that last for several minutes? Maybe your heart pounds, you sweat, and you feel like you can't breathe or think clearly. Do these attacks occur at unpredictable times with no apparent trigger, causing you to worry about the possibility of having another one at any time?

An untreated panic disorder can affect your quality of life and lead to difficulties at work or school. The good news is panic disorder is treatable. Learn more about the symptoms of panic disorder and how to find help.

What is panic disorder?

People with panic disorder have frequent and unexpected panic attacks. These attacks are characterized by a sudden wave of fear or discomfort or a sense of losing control even when there is no clear danger or trigger. Not everyone who experiences a panic attack will develop panic disorder.

Panic attacks often include physical symptoms that might feel like a heart attack, such as trembling, tingling, or rapid heart rate. Panic attacks can occur at any time. Many people with panic disorder worry about the possibility of having another attack and may significantly change their life to avoid having another attack. Panic attacks can occur as frequently as several times a day or as rarely as a few times a year.

Panic disorder often begins in the late teens or early adulthood. Women are more likely than men to develop panic disorder.

What are the signs and symptoms of panic disorder?

People with panic disorder may have:

- Sudden and repeated panic attacks of overwhelming anxiety and fear
- A feeling of being out of control, or a fear of death or impending doom during a panic attack
- An intense worry about when the next panic attack will happen
- A fear or avoidance of places where panic attacks have occurred in the past
- Physical symptoms during a panic attack, such as:
 - Pounding or racing heart
 - Sweating
 - Chills
 - Trembling
 - Difficulty breathing
 - Weakness or dizziness
 - Tingly or numb hands
 - Chest pain
 - Stomach pain or nausea

What causes panic disorder?

Panic disorder sometimes runs in families, but no one knows for sure why some family members have it while others don't. Researchers have found that several parts of the brain and certain biological processes may play a crucial role in fear and anxiety. Some researchers think panic attacks are like "false alarms" where our body's typical survival instincts are active either too often, too strongly, or some combination of the two. For example, someone with panic disorder might feel their heart pounding and assume they're having a heart attack. This may lead to a vicious cycle, causing a person to experience panic attacks seemingly out of the blue, the central feature of panic disorder. Researchers are studying how the brain and body interact in people with panic disorder to create more specialized treatments. In addition, researchers are looking at the ways stress and environmental factors play a role in the disorder.

How is panic disorder treated?

If you're experiencing symptoms of panic disorder, talk to a health care provider. After discussing your history, a health care provider may conduct a physical exam to ensure that an unrelated physical problem is not causing your symptoms. A health care provider may refer you to a mental health professional, such as a psychiatrist, psychologist, or clinical social worker. The first step to effective treatment is to get a diagnosis, usually from a mental health professional.

Panic disorder is generally treated with psychotherapy (sometimes called "talk therapy"), medication, or both. Speak with a health care provider about the best treatment for you.

Psychotherapy

Cognitive behavioral therapy (CBT), a research-supported type of psychotherapy, is commonly used to treat panic disorder. CBT teaches you different ways of thinking, behaving, and reacting to the feelings that happen during or before a panic attack. The attacks can become less frequent once you learn to react differently to the physical sensations of anxiety and fear during a panic attack.

Exposure therapy is a common CBT method that focuses on confronting the fears and beliefs associated with panic disorder to help you engage in activities you have been avoiding. Exposure therapy is sometimes used along with relaxation exercises.

For more information on psychotherapy, visit www.nimh.nih.gov/psychotherapies.

Medication

Health care providers may prescribe medication to treat panic disorder. Different types of medication can be effective, including:

- Antidepressants, such as selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs)
 - Beta-blockers
 - Anti-anxiety medications, such as benzodiazepines
-

SSRI and SNRI antidepressants are commonly used to treat depression, but they also can help treat the symptoms of panic disorder. They may take several weeks to start working. These medications also may cause side effects, such as headaches, nausea, or difficulty sleeping. These side effects are usually not severe, especially if the dose starts off low and is increased slowly over time. Talk to your health care provider about any side effects that you may experience.

Beta-blockers can help control some of the physical symptoms of panic disorder, such as rapid heart rate, sweating, and tremors. Although health care providers do not commonly prescribe beta-blockers for panic disorder, the medication may be helpful in certain situations that precede a panic attack.

Benzodiazepines, which are anti-anxiety sedative medications, can be very effective in rapidly decreasing panic attack symptoms. However, some people build up a tolerance to these medications and need higher and higher doses to get the same effect. Some people even become dependent on them. Therefore, a health care provider may prescribe them only for brief periods of time if you need them.

Both psychotherapy and medication can take some time to work. Many people try more than one medication before finding the best one for them. A health care provider can work with you to find the best medication, dose, and duration of treatment for you. A healthy lifestyle also can help combat panic disorder. Make sure to get enough sleep and exercise, eat a healthy diet, and turn to family and friends who you trust for support. To learn more ways to take care of your mental health, visit www.nimh.nih.gov/mymentalhealth.

For more information about medications used to treat panic disorder, visit www.nimh.nih.gov/medications. Visit the Food and Drug Administration's website (www.fda.gov/drugsatfda) for the latest warnings, patient medication guides, and information on newly approved medications.

How can I support myself and others with panic disorder?

Educate Yourself

A good way to help yourself or a loved one who may be struggling with panic attacks or panic disorder is to seek information. Research the warning signs, learn about treatment options, and keep up to date with current research.

Communicate

If you are experiencing panic disorder symptoms, have an honest conversation about how you're feeling with someone you trust. If you think that a friend or family member may be struggling with panic disorder, set aside a time to talk with them to express your concern and reassure them of your support.

Know When to Seek Help

If your anxiety, or the anxiety of a loved one, starts to cause problems in everyday life—such as at school, at work, or with friends and family—it's time to seek professional help. Talk to a health care provider about your mental health.

Are there clinical trials studying panic disorder?

NIMH supports a wide range of research, including clinical trials that look at new ways to prevent, detect, or treat diseases and conditions—including panic disorder. Although individuals may benefit from being part of a clinical trial, participants should be aware that the primary purpose of a clinical trial is to gain new scientific knowledge so that others may be better helped in the future.

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www.clinicaltrials.gov

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

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Tips for Talking With a Health Care Provider About Your Mental Health

From the **NATIONAL INSTITUTE of MENTAL HEALTH**

Don't wait for a health care provider to ask about your mental health. Start the conversation. Here are five tips to help prepare and guide you on talking to a health care provider about your mental health and getting the most out of your visit.

1. Talk to a primary care provider.



If you don't know where to start for help, you may want to consider bringing up your mental health concerns during your appointment with a **primary care provider (PCP)**. A PCP is a health care practitioner people see for common medical problems, and this person is often a doctor. However, a PCP may be a physician assistant or a nurse practitioner.

Mental health is an integral part of health, and people with mental disorders can often be **at risk for other medical conditions**, such as heart disease or diabetes. In many primary care settings, you may be asked if you're feeling anxious or depressed, or if you have had thoughts of suicide. Even if your PCP doesn't ask you first, take this opportunity to talk to your PCP, who can help refer you to a mental health professional. You also can visit the **NIMH Find Help for Mental Illnesses** webpage for help finding a health care provider or treatment.

2. Prepare ahead of your visit.



Health care providers have a limited time for each appointment, so it may be helpful to think of your questions or concerns beforehand.

- **Prepare your questions.** Make a list of what you want to discuss and any questions or concerns you might have. This **worksheet** may help you prepare your questions or concerns.
- **Prepare a list of your medications.** It's important to tell your health care provider about all the medications you're taking, including over-the-counter (nonprescription) drugs, herbal remedies, vitamins, and supplements. This **worksheet** can help you track your medications.
- **Review your family history.** Certain mental illnesses tend to run in families and having a relative with a mental disorder could mean you're at higher risk. Knowing your **family mental health history** can help determine your risk for certain disorders. It can also help your health care provider recommend actions for reducing your risk and enable you and your provider to look for early warning signs.

3. Consider bringing a friend or relative.



It can be difficult to absorb all the information your health care provider shares, especially if you are not feeling well. Sometimes it's helpful to bring a close friend or relative to your appointment. A companion can be there for support, help you take notes, and remember what you and the provider discussed. They also might be able to offer input to your provider about how they think you are doing. Some people like having a friend or family member there throughout an appointment, while others prefer to first meet alone with a health care provider and then have a trusted friend or relative join them when recommendations for treatments are discussed.

4. Be honest.



Your health care provider can help you get better only if you have open and honest communication. It is important to remember that discussions between you and a health care provider are private and cannot be shared with anyone without your expressed permission. Describe all your symptoms to your provider and be specific about when they started, how severe they are, and how often they occur. You should also share any major stressors or recent life changes that could be triggering or exacerbating your symptoms.

Symptoms of mental illnesses may include:

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness or pessimism
- Irritability
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in hobbies and activities
- Decreased energy or fatigue
- Moving or talking more slowly
- Feeling restless or having trouble sitting still
- Difficulty concentrating, remembering, or making decisions
- Difficulty sleeping, early-morning awakening, or oversleeping
- Appetite or weight changes (or both)
- Thoughts of death or suicide, or suicide attempts
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment

5. Ask questions.



If you have questions or concerns, ask the health care provider for more information about the mental health diagnosis or treatment. If a provider suggests a treatment option that you're not comfortable or familiar with, express your concerns and ask if there are other options. You may decide to try a combination of treatment approaches and want to consider getting another opinion from a different health care provider. It's important to remember that there is no “one-size-fits-all” treatment. To find one that works best for you, you may need to talk to a few other health care providers to find someone you are comfortable with and try several different treatments or a combination of treatments.



STRESS CATCHER

CATCH SOME GREAT COPING STRATEGIES AND SKILLS FOR MANAGING STRESS

From the **NATIONAL INSTITUTE of MENTAL HEALTH**

Life can get challenging sometimes, and it's important for kids (and adults!) to develop strategies for coping with stress or anxiety. This stress catcher "fortune teller" offers some strategies children can practice and use to help manage stress and other difficult emotions.

Follow the instructions to create a fun and interactive way for children to practice coping strategies.



CREATE YOUR STRESS CATCHER

- STEP 1.** Color the stress catcher (on page 2), and cut out the square.
- STEP 2.** Place the stress catcher face down. Fold each corner to the opposite corner, and then unfold to create two diagonal creases in the square.
- STEP 3.** Fold each corner toward the center of the square so that the numbers and colors are facing you. Turn over the square, and again fold each corner into the center so that the color names are visible.
- STEP 4.** Fold the square in half so that the color names are touching, and the numbers are on the outside. Now open it and fold it in half the other way.
- STEP 5.** Insert your thumb and first finger of each hand (pinching motion) under the number flaps.
- STEP 6.** Close the stress catcher so only the numbers show.

USE YOUR STRESS CATCHER

1. Pick a number, and open and close the stress catcher that number of times.
2. Next, pick a color and spell out the color name, opening and closing the stress catcher for each letter.
3. Then pick a color that is visible and open that flap.
4. Read what it says, and practice the coping strategy.
5. This game can be played with one or two players and is a way to practice coping strategies.



ADDITIONAL RESOURCES

5 Things You Should Know About Stress
www.nimh.nih.gov/stress

The Teen Brain: 7 Things to Know
www.nimh.nih.gov/teenbrain

5 Action Steps for Helping Someone in Emotional Pain
www.nimh.nih.gov/health/publications/5-action-steps-for-helping-someone-in-emotional-pain

National Suicide Prevention Lifeline
www.suicidepreventionlifeline.org
1-800-273-TALK (8255) for free 24-hour help

Crisis Text Line
www.crisistextline.org
Text HELLO to 741741 for free 24-hour help

For more information about mental health, visit the NIMH website at www.nimh.nih.gov. For information on a wide variety of health topics, visit the National Library of Medicine's MedlinePlus service at <https://medlineplus.gov>.



www.nimh.nih.gov

NIH Publication No. 20-MH-8121

RED

8

7

ORANGE

Tell yourself the facts,
and don't focus on
the worst-case
scenario.

Laugh!
Find something
funny!

YELLOW

6

5

GREEN

Listen to or
play music.

Imagine a beautiful
and peaceful place.

BROWN

1

2

PINK

Exercise.
Play outside.
Ride a bike,
dance, or
take a walk.

Talk it out
with a trusted
adult or friend.

Take a few deep
breaths. Breathe in
and out through
your nose
and out through
your mouth.

Write down
everything
you are feeling.

BLUE

4

3

PURPLE

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