

The FAMILY NEURO HEALTH Centre

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The “Big 7” Mental Health Disorders

by [Dr Neil Beck 11/07/11](#)

The “Big 7” Mental Health Disorders make up over 95% of the Mental Illnesses and Injuries and Cause almost all of the Street Drug Use and Alcohol Abuse I see. The “Big 7” Mental Health Disorders are:

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|---|----------------|
| i. The Sleep Disorders | Page 2 |
| ii. The Anxiety Disorders | Page 4 |
| iii. “Straight” (Major) Depression | Page 6 |
| iv. “Mood Swings”(Bipolar) Manic Depressive Disorder | Page 9 |
| v. The Attention Deficit Disorders (ADD, ADHD etc. | Page 14 |
| vi. The “Brain Shock” Disorders (Post Traumatic Stress Disorder, Acute Stress Disorder, Adjustment Disorder, Low Self Confidence/Self Esteem, Amnesia, Dissociation, Split Personality Disorders etc.) | Page 17 |
| vii. The Paranoia/Hallucinations/Delusions Disorders | Page 19 |

These Mental Health Disorders can be mild, moderate or severe. It is only if there are several moderate to severe Mental Health Disorders that they seriously spoil or disrupt a person’s life. In 20 or 30 minutes you can discover whether you have any signs of Mental Health Disorders by doing **The Beck Mini DISCOMFORTS/DYSFUNCTIONS Checklist (The Mini DDC)** at www.DrBecksChecklists.com. If you read the “Big 7” Mental Health Disorders 2 or 3 times and do **The Beck Mini Checklist (The Mini DDC)** 3 or 4 times you will gain an invaluable understanding of Mental Health, of Yourself, of the Members of your Family and of others you need to understand and get on well with. Your home life, your work life and your Personal Qualities and Quality of Life will then be much better until the day they put you in a box! When you are Mentally Healthy and Strong you can cope with almost anything that can happen to you.

After you do **The Mini DDC** press the Print Report button for your Report which contains your Checklist Total Score. If your Total Score is 200 to 400 you have several Moderate to Severe Mental Health Problems and require treatment. If your score is 400 to 1000 (the maximum) you have many severe Mental Health Disorders that need urgent attention. If 2 or 3 Checklists in a row over a period of several weeks have Total Scores of less than 200 and no Groups of DISCOMFORTS/DYSFUNCTIONS with a score of more than 30, you probably don’t require any treatment.

Your Report always puts your most serious Disorders first so that you can simply look at the first page of your report, immediately see where your treatment needs to be focused, and can immediately start to read about those “Big 7” Disorders that are most important for you. As you keep repeating the Checklist week after week, (it’s free) your Reports will contain a graph of all of your Total Scores from all of your previous Checklists. This graph shows you clearly whether your treatment is giving you overall benefit or not.

If you always use the same password then every Report also prints out your score for each question side by side with your score for that question on the two previous occasions when you did the Checklist. You can then also clearly see what your progress has been in each aspect of your Mental Health, you then know whether your treatment is generally satisfactory or not, and exactly where it needs to be increased or changed. You get faster relief, feel better and perform better because every time you do the Checklist your Report shows exactly which areas have the highest (worst) scores at that time and need to be concentrated on next.

I) The Sleep Disorders

The Sleep Disorders include **Difficulty in Going to Sleep, Frequent Waking During the Night, and Waking Too Early in The Morning.** In severe cases people have all 3 of these problems and lie awake for hours, tossing and turning, night after night, then during the day feel exhausted and desperate for sleep. Sleep Disorders occasionally occur on their own but very much more often occur with other Mental Health Disorders such as Anxiety, Depression, Bipolar Disorder, ADD, Brain Shock or Psychotic Disorders, so don’t just try to put yourself to sleep with large amounts of “Downer” chemicals. Do **The Beck Mini DISCOMFORTS/DYSFUNCTIONS Checklist** at www.DrBecksChecklists.com to discover exactly what your other Mental Health Disorders are that are causing your Sleep Disorders. Those other Disorders can then be accurately targeted and fixed with the correct treatments. The more accurate the targeting is the less treatment is needed and the sooner you will get better.

Careful analysis of your Sleep Disorders and other Associated Mental Health Disorders allows the root causes of your sleeplessness to be found and fixed. It is very difficult to sleep if you have Severe types of Anxiety such as Panic Attacks and severe General Anxiety. For those severe problems you need Major Tranquillizers, sometimes called Antipsychotics, such as Quetiapine, Amisulpride, Risperidone, Olanzapine, Pericyazine, etc. It is also very difficult to sleep if you have Bipolar Disorder Hypomania with High Energy, “Racing Thoughts”, a Mind that won’t switch off, and Irritability or Anger. For those types of problems you need Mood Stabilizers such as Carbamazepine CR, Lamotrigine, Sodium Valproate or Lithium. Benzodiazepine Sleepers on their own, even in large doses, simply won’t work for severe Sleep problems after the first few weeks. Benzos are chemicals that your Brain soon gets used to and then develops a Tolerance for.

Once specific Medications for your particular Disorders, together with Counseling, Diet and Exercise, have greatly improved your Quality of Life you will be able to sleep well and then be able to gradually reduce your medications. Also do a Google search on Sleep Hygiene for additional practical information about facilitating Sleep.

Small amounts of several Medications give much better results and are safer than large amounts of one medication for most people with Severe Sleep Problems due to Multiple Disorders. These Multiple Medication Combinations could include Temazepam with Doxepin, or Oxazepam with Mirtazapine and Carbamazepine, depending on what other Disorders and which types of Sleep Disorder you have. These Medication Combinations not only greatly improve Sleep but also reduce the number of people who become Addicted to the Street “Downers” Alcohol, Benzodiazepines, Marijuana and Heroin or Morphine. People may turn in desperation to these downers if they don’t sleep for more than a few hours night after

night, week after week and month after month. For more information see the medication recommendations under each question in the Mini Checklist section on Sleep.

Before I had fully developed the Beck Mini DISCOMFORTS/DYSFUNCTIONS Checklist I had a patient who only slept 5 or 6 hours a week and who became so exhausted, confused and desperate that he eventually suicided. He had been to many doctors and clinics over the years and had developed a serious Benzo Addiction before he came to me. None of us were able to help him, even though for months I tried everything I knew at that time. He had suffered terribly for years and his life had become a mess. Today with our more precise Beck Mini DISCOMFORTS/DYSFUNCTIONS Checklist Diagnostic and Progress Assessments and Multiple Medication treatments we don't have any Sleep Disorder failures and I feel that our present methods would have saved that poor young man from great suffering and a tragic way of dying at an early age. His family would have been spared much pain and suffering.

Even if a patient's Insomnia is severe, many people would be horrified at the idea of giving them 2 or 3 different medications at once to help them sleep; but is Benzodiazepine, Marijuana, Alcohol or Heroin Addiction and/or attempted Suicide a better option? My experience of hundreds of people who have got into serious trouble with Sleep Disorders is that they **never** have only 1 problem. Usually Multiple Disorders and problems are troubling them and if multiple Health carers and treatments have failed they get into a seriously negative and vulnerable Mental condition. Lying awake most of the night or all night for several nights in a row can be the final thing that precipitates dangerous Self Medicating with Street Drugs or Alcohol. To prevent such a damaging outcome a combination of 2 or 3 different types of prescribed non addictive calming medications may be the best option.

Of course these people also desperately need a good Counselor or Psychologist as soon as that can be arranged – preferably for an hour a week. A good Counselor can teach them Sleep Hygiene and Relaxation techniques and help them to resolve troubling issues that keep them awake. Sadly effective Counseling is very much harder and usually takes much longer to arrange than it takes to arrange for the supply of medications or to get Street Drugs or Alcohol. The Counseling Approach and the Chemical Approach are both needed and one without the other is likely to fail.

The “Downers” Alcohol, Benzodiazepines, Marijuana and even sometimes Opiates are often used as Self Medication by people with severe Sleep Disorders, but the Brain soon gets used to all of those drugs and develops a Tolerance to them and then their benefit fades. Then greater and greater amounts of “Downers” may be taken to achieve sleep and eventually as more and more Tolerance develops even very large amounts don't work for people with severe Sleep Disorders.

Large amounts of alcohol often cause money problems, disrupt nutrition, damage the liver, brain, peripheral nerves, heart and pancreas and cause accidents and relationship and employment breakdowns. Large amounts of Benzodiazepines can make depression worse, cause poor memory and confusion and some people do dangerous things, become violent or commit crimes under the influence of Benzodiazepines without knowing what they are doing. I have treated many people who were taking 10 to 50 Benzo tablets a night and still not sleeping. Marijuana is costly, bad for memory and mental sharpness, can cause Paranoia, Hallucinations, Delusions and precipitate Schizophrenia, and it damages your lungs. In large amounts Marijuana gradually turns you into a spaced out emotionless zombie. It keeps you in contact with drug dealers, which sometimes leads to heroin or other street drug use.

Good Sleep is a powerful protection against Mental Discomforts/Dysfunctions and against costly and damaging Street Drug and Alcohol habits. Good Sleep is also a wonderful reward for finding out what all of your Mental Health Disorders are, and getting them all fixed. Good Sleep, like Exercise and a fresh Food Diet with no artificial chemicals added, is one of the more important factors in Mental and Physical Health.

ii) The Anxiety Disorders

(see also www.BeatingBenzodiazepines.com and www.BeatingHeroin.com)

The Anxiety Disorders include **General Anxiety** (Worry, Stress and Tension), **Panic Attacks** and Panic Disorder (sudden short bursts of intense fear with complaints such as chest pain, breathing difficulty, a rapid pounding heart beat, nausea or vomiting, feeling faint and/or feeling you might die), **Social Anxiety or Social Phobia** (Anxiety in crowded places, on public transport, in social situations etc) **Agoraphobia**, (fear of leaving home or of going out into open spaces or to other places), other **Phobias**, and **Obsessive Compulsive Disorder (OCD)** (anxious checking on things, repeated cleaning, washing, rearranging things to get them “perfect”).

In my work it appears to me that approximately half of the Anxiety I see comes from the shocks and stresses of nasty frightening experiences, and about half was inherited from one or both Parents. In severe cases people have got anxiety from both sources. Sometimes Anxiety is due to stimulant drugs or to withdrawing from drugs. Severe Anxiety Disorders are very common Underlying Causes of Self Medication with the “Downers” Cannabis, Alcohol and Benzodiazepines, and sometimes even with Heroin or Morphine. We now have much safer and better medications than Benzodiazepines for people with Moderate to Severe forms of Anxiety although I find that Benzodiazepines are still sometimes useful for these cases when taken in combination with the newer, stronger medications for which tolerance does not develop.

Anti Anxiety medications include

- (a) **SSRI and SNRI Boosters** (Serotonin/Noradrenalin/Dopamine Boosters), usually called “anti-depressants” but many of which are also helpful for Anxiety, Sleep, Low Self-Confidence, Low Self-Esteem and ADD e.g. escitalopram, sertraline, desvenlafaxine and mirtazapine.
- (b) **Major Tranquilizers, sometimes called Antipsychotics**, which are very valuable in treating severe forms of Anxiety and severe Sleep Disorders as well as Psychosis e.g. amisulpride, quetiapine, abilify, pericyazine
- (c) Anticonvulsant **Mood Stabilizers** in cases where “Anxiety” is partly Hypomania. e.g. carbamazepine cr, lamotrigine, sodium valproate and other Anticonvulsants.
- (d) **Minor Tranquillizers, mainly Benzodiazepines**, for mild Anxiety or combined with stronger medications for stronger Anxiety Disorders e.g. diazepam
- (e) **Tricyclic Antidepressants** for Obsessive Compulsive Disorder e.g. clomipramine

Benzodiazepines alone are not strong enough to control moderate to severe Anxiety e.g. Benzodiazepines alone are not suitable for Severe General Anxiety Worry or Stress, Panic Attacks, Social Phobia, Agoraphobia or Obsessive Compulsive Disorder (OCD). Benzos usually work well for the first few days or weeks but the Human Brain soon gets used to Benzos and develops a Tolerance to them and then their benefit fades. Many Anxious People then take larger and larger doses to continue to get the relief they got when they first tried Benzos. They may then get hooked on these drugs which are similar in addictiveness to alcohol for most people with moderate to severe Anxiety Disorders.

In many of the cases of moderate to severe Anxiety I see there is already a serious addiction to Benzodiazepines, which can be as difficult or more difficult to treat than the Anxiety for which the Benzodiazepines were given in the first place. I have treated many people who were taking 10 to 50 Benzo tablets per day, some who were taking 100 and one who was taking 200 Benzo tablets per day. Those would be fatal doses for people taking Benzos for the first time but people who build up to those doses over a few months also build up a high Tolerance and 100 Benzos a day may then not stop Anxiety or help Sleep. A fatal overdose may occur with large doses of Benzos if Opiates or large amounts of Alcohol are taken with the Benzos. One of my patients died recently after taking large amounts of Alcohol and Benzos together. They fall sleep and then gradually stop breathing.

People with Severe Anxiety should be given stronger, non Tolerance developing, non-addictive **Major Tranquillizers** such as Amisulpride, Quetiapine, Olanzapine, Risperidone or Pericyazine, right from the beginning. Unfortunately most **Major Tranquillizers** are very very expensive and until recently in Australia have only been Government subsidized for cases of Schizophrenia. For that reason many Australians think that those medications are “Antipsychotics” and are only for Schizophrenia and they don’t want to take “Antipsychotics”. But Major Tranquillizers/Antipsychotics are also the safest and most effective strong Anti Anxiety medications we have. **Major Tranquillizers should be Government subsidized so that they could be much more often used for Anxiety than they now are. The high cost of Major Tansquilizers and the mistaken idea that they are only for Psychosis have led to much of the widespread Benzodiazepine abuse and Self Medication with Alcohol and Marijuana in Australia.**

I am very reluctant to prescribe Alprazolam on its own because of the problems I have seen it cause for Anxious people. It is rapidly and severely addictive. Some people were paying \$5 for each black market Xanax tablet before I put them on Major Tranquillizers. Nitrazepam and Clonazepam cause Zombie like states and are addictive and I never prescribe them although they are not as damaging as Alprazolam is on its own. **A small amount of a Major Tranquillizer (an “Antipsychotic”) which the Brain doesn’t get used to and doesn’t lead to Tolerance and then higher and higher doses, is always much safer than a large amount of a Minor Tranquillizer (a Benzodiazepine) which does lead to Tolerance and higher and higher doses.**

Diazepam 5 mgm, Temazepam 10mgm and Oxazepam 30mgm are safer than other Benzodiazepines and are useful for mildly disturbed people provided they don’t take more than 1 Temazepam or 1 Oxazepam per night and 2 x 5mgms Diazepams per day and preferably have 1 or 2 days each week Benzo free. Taking only 3 of those Benzodiazepine tablets per 24 hours retains ongoing effectiveness because that amount doesn’t usually lead to Tolerance. This strictly limited supply provides good maintenance for some people and the need for prescriptions also keeps them in regular contact with their Doctor. That helps to prevent relapse to Street Drugs or Alcoholism when from time to time these people need other medications, or need more counseling. 3 Benzo tablets per day is certainly better than smoking Marijuana or having a few too many drinks which is a common alternative. I only prescribe 25 Temazepam or Oxazepam tablets and 50 Diazepam every 21 days and if someone comes back for more too soon I specify on their new prescription that the Pharmacist should only dispense 1/3 of the tablets every 7 days so that the tablets cannot be taken too quickly. The less Benzos are taken the better they work when they are really needed.

In recent years I have found that People who suffer from Extreme Anxiety Disorders, who always have other Disorders as well, respond best to **small amounts of Diazepam, Escitalopram, Amisulpride and Carbamazapine as a combintation.** People who are very disturbed, erratic and who have difficulty managing and taking their medications regularly, can try these medications separately to make sure that they don’t have adverse reactions to any of them. They can then take a prescription for them to a Compounding Pharmacist and have all of the medications mixed together and put into capsules. They then only need to manage to take 2 or 3 capsules per day to get all of the medications they need. Each capsule could contain Diazepam 5 mgms, Escitalopram 10 mgms, Amisulpride 100 mgms and Carbamazapine 100 mgms.

Understanding all of your Mental Health Disorders as well as knowing what all of them are is so important in getting Mentally Healthy, Strong and Normally Happy that I give a copy of this “Big 7” Information to every new Patient. Also anyone can download The “big 7” free of charge at www.DrBecksChecklists.com. I also always refer all of my Anxiety Patients to a competent Psychologist or Counselor as soon as possible to help with resolution of issues and for coaching in Stress Management and other helpful Mental Health Skills.

Good Nutrition (Fresh Natural foods and drinks with no Artificial Coloring, Preservative, or Flavoring Chemicals in them that are not from Nature) Regular Exercise and Good Sleep further improve results.

The dramatic improvement from day one with Multiple Medications gives disturbed people Relief, Hope and a Confidence Boost. They have often previously tried many medications one at a time without success. The medication success also gives them the confidence in us to go through with our recommended Holistic program, which turns the immediate but temporary Medication based improvement into permanent improvement.

iii) “Straight” (Major) Depression (See also “Difficult Depression” at www.BetterMindHealth.com)

The worst part of “Straight” or Major Depression is usually a horrible horrible feeling with a sense of hopelessness, despair and “no light at the end of the tunnel”. There is severe pessimism, reduced enjoyment and pleasure, excessive or insufficient sleep, disturbed appetite and weight, and sometimes reckless risk taking, self harm and/or suicidal thoughts. There is reduced self confidence and self esteem, low motivation, low energy and pace and reduced ability to deal with problems and to get things done. This is different to “Mood Swings” Bipolar Disorder in which there are periods of Depression but there are also periods of High Mood, Energy and Pace that are often associated with high performance and achievements. However if a person goes too High they may then crash and burn, often with Alcohol or Street Drugs e.g. Heath Ledger.

If they don't get correct Diagnosis and Treatment Severely depressed people may Self Medicate with any of the common Street Drugs or Alcohol. They are sometimes prescribed Benzodiazepines, which can make Depression worse. The Human Brain soon gets used to the Street Drugs, to Alcohol and/or to Benzos, develops a Tolerance to them and then any initial relief that those chemicals gave fades. The depressed person may then take greater and greater amounts of their Drug or Alcohol to try to regain the relief, but sooner or later they reach a level at which instead of getting relief again they just get more and more side effects, intoxication, toxic damage, and then addiction. The end result of their self medicating is a nightmare existence.

“Straight” (Major) Depression is partly due to Insufficient Production of the Brain Chemicals Serotonin, Noradrenalin and Dopamine, partly due to Nasty Memories, Imaginations and Negative Thinking Habits and partly due to Excessive Production of Slow Electrical Brain Waves. Those causes of Depression are partly Inherited; partly due to Traumatic Experiences and Circumstances that “Shock” and Damage the Brain's Production and Flows of many different Chemicals and of different Wavelengths of Electricity; and partly Learned from Pessimistic Negative Parents or others. Fortunately every few years more effective Antidepressants become available and more accepted. That raises Quality of Life, reduces Substance Abuse and breaks down some of the Vicious Cycles that can flow on from generation to generation. Deaths World Wide due to Depression have reduced significantly since SSRI/SNRI Antidepressants have become available.

I have also learned that people with Depression who don't get better with several different Antidepressants tried one after another, even in high doses, often do get better when they are given smaller doses of one Antidepressant in the morning and of a different Antidepressant in the evening. Sometimes the first Antidepressant you try makes you very much better and gives you no side effects but sometimes you have to try several different Antidepressants before you find one/s that are highly beneficial for you. Your Brain has many different chemicals in it that can go wrong and different Antidepressants have different effects on those chemicals. Don't stop trying different Antidepressants, doses and combinations until you have NO signs left of your Depression and you are Feeling and Functioning very well and are not getting any side effects from your Antidepressants. Sometimes people

say to me “Antidepressants don’t work for me Doc”, but there are at least 20 different Antidepressants and very few people try more than 3 before they give up, or their Doctor gives up. In every case if they and I both persist we find a combination of Antidepressants that fixes their Depression.

Keep repeating the Checklists to make sure that your other problems – there is always a Bundle of Problems – are also getting better. You can’t expect to be Completely Better, even if your “Straight” (Major) Depression is Completely Better, if your Social Phobia or your Attention Deficit Disorders or whatever other problems you have are not better. If you have 2 legs broken in a car accident and 1 leg is fixed but the other leg remains broken you still can’t walk.

Research has shown that with Depression and some other Mental Health Disorders such as “Mood Swings” (Bipolar) Disorder and Schizophrenia, the longer your Brain is allowed to Malfunction the more it slowly Deteriorates and the more Suffering and Malfunctioning you will have in the future. With Mental Health Disorders your Brain Malfunctions and it may also Deteriorate. You need to overcome both of those problems to be and to stay Mentally Healthy, Strong and Happy.

If you have a Partner and/or Children it will be more difficult for them to be Mentally Healthy, Strong and Happy and to avoid Substance Abuse until you have beaten your problems. **The more you learn about and understand your problems the more you will be able to help your Children and Grandchildren with their problems which will probably be similar to your problems.** They got some of their Genes from you, you may have suffered some stresses and traumas together, and you have also been one of their Carers and Role Models.

Unfortunately sometimes the people who most need Antidepressants refuse to take them. This may sometimes be because they think Antidepressants are addictive and don’t achieve much in the long term because that is what they have seen or experienced with the more common, better known but much less helpful Benzodiazepines. Benzodiazepines are habit forming, only have a sedative effect and may make Depression worse. Some people worry that if they start on Antidepressants they will have to stay on them permanently which is very seldom the case. Some have had the unhappy experience of trying 1, 2 or 3 Antidepressants without success. Some have been given too low a dose to be effective or too high a dose, which gave side effects. Some get so depressed that they think nothing can help them and that it isn’t worth trying. Some think they are a very bad person, have done very bad things, and deserve to stay depressed and shouldn’t try to get better. Their guilt makes them depressed and their depression makes them feel more guilty. Some may have been taught to think that “all pills are bad”. They may not realize that “Antidepressants” are very different to Benzodiazepines, are not addictive and do produce excellent results once the best Antidepressant or Antidepressants, the best amounts and the best times of the day to take them are found for each different person.

In 50 years of medical practice I have only seen 3 or 4 people addicted to Antidepressants (all to Paroxetine), which really are very very different to Benzos and much much safer. During that time I have seen thousands and thousands of peoples’ Depression suffering, relationships, study, work performance, and Substance Abuse greatly improved by finding the right Antidepressants.

SSRI, SNRI, Tricyclic and other Antidepressants are no more “addictive” than breakfast is “addictive”. Every morning I need breakfast, but I am not addicted to breakfast. Some people only develop Depression once in their life time and only need to take Antidepressants for 6 to 18 months till that Depressive Episode passes. They have no difficulty stopping Antidepressants when their Depressive Period has passed because their Brain has started producing normal amounts of Serotonin, Noradrenalin, Dopamine and Brain Electricity again. They may then never need Antidepressants again. Some other people have 2 or 3 periods of Depression in their lifetime and need to take Antidepressants for 1 or 2 years each time but still have no difficulty weaning off the Antidepressants once each Depressive Period and its causes have passed.

Most people who have been on Antidepressants many times have been misdiagnosed as “Straight” (Major) Depression when they really have “Mood Swings” (Bipolar) Manic Depressive Disorder. They won’t get better until they are fully and correctly diagnosed and treated. Antidepressants should not be rejected because the patient didn’t get better on the wrong treatment. “Mood Swings” Bipolar Disorder will get better and stabilize once the patient is receiving both an Antidepressant plus a Mood Stabilizer that suits them such as Escitalopram plus Carbamazepine CR or Lamotrigine or Sodium Valproate or Lithium etc.

Some people were born with, or because of “Brain Shocks” have developed, permanently low levels of Brain Chemicals and need Antidepressants long term or permanently to boost those levels. They relapse to Depression if their Antidepressants are stopped, just as Epilepsy comes back if Epilepsy medicine is stopped, and hunger comes back if you stop having your regular meals. Those people need long term or permanent daily doses of Antidepressant/s to avoid being chronically miserable, performing poorly, spoiling their relationships, being in danger of substance abuse and self harm, and of having their Brain Function slowly deteriorate further.

Antidepressants don’t cause addictions and suitable Antidepressants can be found for every depressed person which don’t cause side effects with “Straight” (Major) Depression. However Antidepressants may cause temporary Rapid Cycling and increased Instability in “Mood Swings” (Bipolar) Manic Depressive Disorder if a Mood Stabilizer is not given with the Antidepressant. Without a Mood Stabilizer when an Antidepressant “lifts” a depressed person who has “Mood Swings” Bipolar Disorder, that person may “Swing” right up to a “High” and then to Rapid Cycling from High to Low to High to Low. They may appear to be having frequent episodes of Depression and the Antidepressants may appear to be failing, no matter how many different Antidepressants are tried, when really all they need to get better is the other half of their correct treatment, which is a Mood Stabilizer.

If several Antidepressants don’t seem to work then recheck the diagnosis – go to www.DrBecksChecklists.com and do the Mini DISCOMFORTS/DYSFUNCTIONS Checklist and find out if you have “Mood Swings” Bipolar depression, and whether you have any other undiagnosed Mental Health Disorders.

One young man with severe Bipolar Disorder said to me “I won’t take Lithium, it killed my Grandmother and my Aunty.” He didn’t realize that it was the severity of their Bipolar Disorder that killed his Grandmother and Aunty, not their treatment, although obviously their treatment was incorrect or they wouldn’t have died. Unfortunately this young man self medicated with street drugs and got so Depressed that he also died. He took a suicidal Overdose in his early thirties when Escitalopram combined with Lithium or Carbamazepine or Sodium Valproate would have made his Moods, Energy, Pace etc much more normal and would have saved him from a very miserable premature death.

It is particularly important that in addition to Antidepressants people with Depression have Counseling or Psychotherapy and learn the Positivity Skill/Habit. Negative Thinking Habits are an important factor in Depression and it is essential to learn to Think Positively. You can learn to Think Positively by associating with Positive People and avoiding Negative People, by reading books that teach this Skill/Habit (but not cheap and nasty hypo books) and by consulting a Mental Health Professional who is Positive. If possible Depressed people should also have EEG Biofeedback to permanently Normalize their Brain Electricity. They are most likely to get better and to stay better if they have all 6 types of treatment – Complete Diagnoses, Information, Medications, Counseling, Lifestyle Normalization (Diet, Exercise and Recreations) and EEG Biofeedback. They also need Fish Oil (Omega 3), and Sunlight. Their Diet should consist of Fresh Natural Foods and Drinks that haven’t had unnatural Coloring, Preservative or Flavoring Chemicals added to them which don’t occur in the Natural Environment.

Our management of moderate to severely depressed patients always includes weekly Comprehensive Checklist Assessments of all of their Mental Health Disorders. Adult ADD, **Insomnia, Anxiety, Post Trauma Disorders and Paranoia** are all very depressing to live with and it is hard to recover from **Major Depression if any of those Disorders are present but are undiagnosed and/or untreated, which is so often the case.** You can do the free Mini Checklist at www.DrBecksChecklists.com to find out what **all** of your problems are if there are any. The Mini DDC (**The Beck Mini DISCOMFORTS/DYSFUNCTIONS Checklist**) which is a quick easy 24/7 Self Help method, only takes 20 to 30 minutes and is a free service. Once you know what all of your problems are, if you have any, you can start to work on getting them all fixed. As each problem is fixed all of your other problems improve. If any problems remain undetected and/or untreated they will tend to slow the improvement of everything else and you will continue to suffer from Discomforts and Dysfunctions that spoil your life until those remaining problems are found and treated.

People who have recurring periods of Depression, especially if they were Depressed in their Childhood or Teens, have ever had High Periods as well as Low Periods, or have ever been made worse rather than better by an Antidepressant, should be suspected of having “Mood Swings” (Bipolar) Manic Depressive Disorder, not “Straight” (Major) Depression. If they do have “Mood Swings” (Bipolar) Manic Depressive Disorder it is extremely important for them to take an Anticonvulsant Mood Stabilizer as well as an Antidepressant or Antidepressants. They can know within 20 or 30 minutes which type of Depression they have and whether they need to be on a Mood Stabilizer or not by doing The Beck Mini DISCOMFORTS/DYSFUNCTIONS Checklist at www.DrBecksChecklists.com. The main features of the High Periods in Bipolar Disorder can be summarized as “**HIIRT**” – Hypomanic excessively “High” Mood, Energy and Pace, Irritability, Excessive Emotional Intensity and “**Racing Thoughts**” that prevent people from going to sleep.

There are some people who are depressed but deny being depressed and say their problem is headaches, insomnia, pain, some other physical problem or say that there is nothing wrong with them. Some of those people are not in touch with their feelings and really don’t believe they are depressed, some simply don’t know what depression is. Some are in denial and are embarrassed or ashamed to admit it for some cultural reasons. Some won’t admit it in case it effects their ability to get Life Insurance. This problem can usually be fixed by getting the person to do the Mini Checklist 3 or 4 times at weekly intervals as honestly and accurately as they can, and then raising the issue with them and going back over their Checklist answers with them.

iv) “Mood Swings” (Bipolar) Manic Depressive Disorder (See also [Dr Neil Beck’s Posting on Difficult Depression at www.BetterMindHealth.com](http://www.BetterMindHealth.com))

What is the most important question that someone who gets Depressed can ask themselves?

That most important question is “Have I ever had an unusually high “High” or “Highs” which were not caused by drugs?”

What is the most important question that any Doctor, Psychologist or Counselor can ask a person who gets Depressed?

That question is “Have you ever had an unusually high “High” or “Highs” which were not caused by drugs?”

Do you ever suffer from “**HIIRT**” – Hypo Periods, excessive Irritability, excessive emotional Intensity and **Racing Thoughts** that stop you from sleeping.

Another very important question is “What is the commonest cause of failure in the treatment of Depression?”

The commonest reason why Depressed people come to my clinic when their previous treatment has failed is because they have been treated for “Straight” (Major) Depression when their correct diagnosis was “Mood Swings” (Bipolar) Manic Depressive Disorder. Their previous treatment failed because they were not given a Mood Stabilizer with their Antidepressants.

If you have ever had an unusually high “high” or “highs” that weren’t due to Alcohol or Street Drugs, you need to take a Mood Stabilizer as well as Antidepressants. Without a Mood Stabilizer Antidepressants often make High/Low swings more severe and more frequent and may make you dangerously unstable.

Bipolar Disorder is a little like your brain having a 3 speed gearbox. You have periods when you are mostly **Normal**, other periods when you are **Too Low in Mood, Energy and Pace, have very Pessimistic, Hopeless Thoughts and may not want to get out of bed;** and have other periods when you are **Too High and Irrepressible in Mood, Energy and Pace, are often kept awake by “Racing Thoughts”, and may rapidly spend all of your money.** All of this is because you have unbalanced and unstable production and flows of the Serotonin, Noradrenalin, Dopamine and other Chemicals in your Brain, and Disturbed Brain Electricity. The Tiny Tiny Flows of Chemicals and Electricity produced by every one of the billions of cells in your Brain join up together to produce larger flows. Those larger flows of Chemicals and Electricity determine your Moods, Emotional Intensity, Energy Levels, Pace or Speed, and the “Flavor” of your Thoughts and Actions.

Your Brain’s Flows of Chemicals and Electricity are the main factors that manage your whole life. These flows are basically determined by **(1)** the Genes you Inherited from your Family at your Conception **(2)** how favorable, nourishing and strengthening your family and your environment have been for you, especially in early childhood **(3)** what nasty stresses and shocks you have had since your Conception and **(4)** whether your daily living needs are being reasonably met.

A steady stable home and work life, regular sleep, a healthy fresh natural diet, exercise, enjoyable recreations, moderation with alcohol, avoidance of street drugs, realistic ambitions and goals, care with risk taking and good luck with Life’s Stresses and Traumas, are all factors that help to moderate or minimize the effects of inherited Bipolar Genes. Repeated Comprehensive Mental Health Checklists, Mood Stabilizer Medications, Antidepressants, Counseling and Information are the basis of the treatment of Bipolar (Manic Depressive) Disorder, together with the effective treatment of all other Mental Disorders found. “Mood Swings” (Bipolar) Manic Depressive Disorder never occurs alone – there are always at least 2 or more other Disorders present such as Anxiety Disorders, Sleep Disorder, Adult ADD etc.

“Mood Swings” (Bipolar) Manic Depressive Disorder can be Very Mild, Mild, Moderate, Severe or Very Severe. The common mild to moderate forms are called Bipolar 2 Disorder and the very severe form is called Bipolar 1 Disorder. Only about 1 or 2% of cases of Bipolar Disorder are Bipolar I Disorder and Bipolar I is severe enough to put people in hospital often. If you have been diagnosed with Bipolar Disorder and you haven’t needed to go to hospital because of it more than once don’t get upset as you don’t have the more severe Bipolar I Disorder. Even if you did have Bipolar I as long as it is diagnosed it can be treated effectively with a Mood Stabilizer, plus a Major Tranquillizer (antipsychotic) and a non stimulating Antidepressant (Escitalopram).

Undiagnosed, untreated “Mood Swings” (Bipolar) Manic Depressive Disorder is one of the main causes of a chronically Troubled Life. Undiagnosed Adult ADD is the other common cause of a chronically Troubled Life. If nothing else works a chronically troubled person should be given a Mood Stabilizer e.g. Carbamazepine CR, Sodium Valproate or Lamotrigine etc for a few weeks

during an irritable period. If they have a degree of Bipolar Disorder or Temporal Lobe ADD they will be much better while they are taking the Mood Stabilizer and worse again when the Mood Stabilizer is stopped. Chronic “Anxiety” that doesn’t respond very well to Tranquilizers but does respond well to Anticonvulsant Mood Stabilizers or to a Mood Stabilizer combined with a Major Tranquilizer is Hypomania or Hypomania+Anxiety, not just Anxiety.

In the High Gear “Hypo” Hypomanic Periods you are Racy, Fast, Go Go, You may be Irritable, Impatient and Intolerant and have Road Rage. You may be Emotionally Intense, with Non Stop Loud Talking that drowns out what other people are saying. You may have Over Optimism, Euphoria and too much Energy. You can’t or don’t Sleep much and often don’t feel the need for Sleep. Your Mind is Overactive with “Racing Thoughts” and won’t switch off. You may exceed speed limits and may drive through stop signs or red lights. You may be Reckless with Money, may enter into contracts or take on projects that are far too much for you. Serious Manic Periods can get you into Financial Difficulties or even send you bankrupt if you overcommit yourself with loans because of Hypomanic Over Optimism or Grandiosity. Manic Periods stress and damage your Relationships and can lead to Unemployment, serious Family conflicts or Marriage Breakdown. A few people become Sexually Driven and Uninhibited in the manic Periods.

People with Bipolar Disorder often enjoy being Hypo and hate being Low and when they are Low may use Amphetamines to try to get back up out of the Low and into a High. Being Hypo is more dangerous than being Low but being Low usually causes more suffering. The difficulties they can get themselves into when they are High can swing People with Bipolar Disorder down into the misery of a severe Low. Some Bipolar people are mostly Low and seldom “Hypo”, some are mostly “Hypo” and seldom Low, and some are mostly normal and infrequently Depressed or Hypo. Having Undiagnosed Untreated Bipolar Disorder is a rotten way to be – thank goodness Bipolar Disorder can be diagnosed in 20 or 30 minutes with a good Checklist, and with a Mood Stabilizer (Carbamazepine CR, Sodium Valproate, Lamotrigine, Lithium etc) and an Antidepressant (Escitalopram) the Hypo part can usually be controlled in 1 to 3 days and the Depressive part can usually be lifted in a week.

Bipolar Disorder doesn’t usually develop until the teens or twenties. In a few cases Bipolar Disorder doesn’t develop until the thirties or later. Although Bipolar Disorder is sometimes present in childhood the diagnosis is difficult to be sure of unless it is confirmed by a strong Family History. If a child is abnormally Moody and Irritable and one or both of their Parents and one of their Grandparents have Bipolar Disorder then the child probably has Bipolar Disorder.

Bipolar Disorder is frequently misdiagnosed as Major Depression and Anxiety. On average a person with Bipolar Disorder takes 10 very distressing years to get correctly diagnosed during which time they may become an alcoholic or an addict and/or go bankrupt and/or be divorced etc. Some people have Bipolar Disorder for 40 or 50 years before it is correctly diagnosed and even then it may not be correctly treated. No doubt some people suffer from it all their life and die without it ever being correctly diagnosed or treated. They are just thought to be difficult unstable unhappy and sometimes violent people.

I had Bipolar Disorder from childhood and over the years I consulted 2 Psychiatrists and a Clinical Psychologist and told them I thought I had Bipolar Disorder but was always diagnosed and treated as Anxiety + Depression + Insomnia till my late fifties. Then in desperation I Self Medicated by starting and stopping Lithium and then Lamotrigine with excellent results. That helped a 3rd Psychiatrist to confirm that I had Bipolar Disorder. With the correct diagnosis and treatment, a good understanding of Bipolar Disorder and the gifts and intelligence that almost always go with it, my Bipolar Disorder is now a strength for me rather than a weakness. I have harnessed it to improve my life and my performance. It is no longer a very traumatic perplexing troublemaking weakness.

Some Bipolar People who haven't been correctly diagnosed or treated turn to Street Downers such as Alcohol, Benzodiazepines, Marijuana or even Heroin, to try to calm their Hypomanic "Highs", Irritability and "Racing Thoughts", to get to sleep, or to escape from the troubles they got themselves into when they were "Hypo". However Alcohol, Marijuana, Benzodiazepines and Opiates never properly correct Hypomania and all of the problems that go with Hypomania. Unless they receive effective prescribed medications people with moderate to severe Bipolar Disorder are in danger of taking amounts of Street Drugs or Alcohol that are sufficient to cause addiction and make their lives even worse.

Many Irritable or Violent Heavy Drinkers are Self Medicating Bipolar Disorder and/or Temporal Lobe ADD. Even without a formal diagnosis they can often get substantial relief by taking Tegretol CR 200mgms or a similar Anticonvulsant medication morning and evening. It is worth trying if other treatments have failed and your Doctor doesn't seem to know what to do and gives you Valium. If someone in your Family has already been diagnosed and successfully treated for similar signs of Mental Illness to yours you should try whatever medications were helpful for that person. It is very likely that the same medications will give you good results because it is probable that your shared genes are causing you to have the same Mental Health Disorders as they have.

Most of my Bipolar Disorder patients get on very well because they do the Mini Checklist before I first see them and we then together confirm any significant signs of Mental Health Disorders in their Checklist Report at our first consultation. If they show signs of Bipolar Disorder I can immediately start them on a Mood Stabilizer. A Mood Stabilizer is the most important part of the treatment of anyone who has signs of Bipolar Disorder. I also prescribe for them any other medications they need, and explain how to immediately recognize when their Brain changes gears from Normal to Low or to High, and how to adjust their medications to keep their Mental Functioning in the normal range. **Some do the initial Diagnostic Beck Mini DISCOMFORTS/DYSFUNCTIONS Checklist and read their Report at home, at work or at a library or internet café, when they first discover our web sites. Others do the Checklist at my office just before our consultation. Some do The Follow Up Progress Checklists at home and some do them at my office. I always arrange for Bipolar patients to start counseling with a Psychologist or a Counselor as soon as possible.**

The Mood Stabilizers I prescribe most often are Carbamazepine CR, Sodium Valproate and Lamotrigine and I less often use Lithium or other Anticonvulsants. The Antidepressant I usually prescribe for Bipolar Disorder is Escitalopram because it is very effective and less likely to produce Hypomania. Patients take small to medium doses of these medications continuously and increase the Mood Stabilizer when they are "Hypo" and increase the Antidepressant when they are Depressed. Some Doctors say that Bipolar patients should always take full doses of their medications every day but I have found that if I advise a patient to do that they are more likely to sooner or later completely stop taking their medications. However If I teach them to become aware of how they are feeling and functioning each morning and evening when they take their medications, and to adjust their doses as needed, they are much more likely to keep their eye on the ball and to keep taking their medications.

Mood Stabilizers are very subtle medications and you usually don't feel sedated when you take them but your mood and functioning improves. I suggest that people with Bipolar Disorder should find someone at home and someone at work who is willing to learn what the signs of Bipolar Disorder are and who can advise them when they are not sure themselves which gear they are in. A partner or a workmate can often tell that your Brain has changed gears sooner than you sense it yourself. I can now usually tell whether someone is "hypo" or depressed by just listening to them on the phone.

I supply Bipolar Patients with a printout of The "Big 7" Mental Health Disorders information, which can also be downloaded free at www.DrBecksChecklists.com. I answer all of their questions and help them to learn how to prevent, minimize and manage their High and Low Periods. It has been found that People with Bipolar Disorder do better if they eat at regular times, sleep at regular times and minimize alcohol consumption. Missing sleep e.g. working or playing until early morning or all night can

trigger an attack of Hypomania. On the other hand if someone can't sleep because of "Racing thoughts" that may be the first sign of the onset of a spontaneous "Hypo" period. "Hypo" periods can sometimes be nipped in the bud with double doses of Mood Stabilizer and avoidance of stimulation for a few days. A few Olanzapine Wafers may also be a fast effective way to control the situation.

Tricyclic antidepressants should be taken with care by anyone who has Bipolar Disorder as Tricyclics can cause Rapid Cycling or Hypomania. This problem is less common with SSRI/SNRI antidepressants, but in Bipolar Disorder a Mood Stabilizer should **always** be taken with **any** Antidepressants or Stimulants. Escitalopram seems to be the best Antidepressant for most people with Bipolar Disorder as it doesn't raise the levels of Noradrenalin as much as other Antidepressants do and it also helps with Anxiety.

Many Adult ADD patients also have Bipolar Disorder and signs of Bipolar Disorder should be looked for in the Checklist Reports of every person who has Adult ADD. If Bipolar Disorder is found to be present great care must be taken with any Stimulants prescribed for the ADD such as Dexamphetamine, Methylphenidate (Ritalin) or Modafinil. Stimulants should never be abused in these cases as although Stimulants often make ADD/Bipolar much better they can also cause Rapid Cycling or Hypomania unless a Mood Stabilizer that suits the patient is commenced when the Stimulant is commenced.

Most years 1 or 2 of my ADD/Bipolar patients end up in hospital with a more severe burst of Hypomania because for a few days they took more of their Dexamphetamine tablets than was prescribed, or because they stopped taking their Mood Stabilizer while on an Antidepressant and/or on a Stimulant. Stimulant SSRI/SNRI Antidepressants, which like Dexamphetamine and Ritalin increase Noradrenalin and Dopamine production in the Brain and help ADD, may be safer than Dexamphetamine for these cases. However if Dexamphetamine has proved in the past to be very effective for a patient who is unreliable and may abuse their medications, their prescription can be written so that they are only dispensed 2 day's supply of Dexamphetamine on alternate days. Once they have learned to manage 2 days supply at a time the number of days' supply dispensed each time can be gradually increased.

If a Bipolar patient is changing rapidly from Hypomania to Depression to Hypomania (Rapid Cycling) any Antidepressant or Stimulant they are on is most likely to be causing the problem. The Mood Stabilizer may need to be increased or the Antidepressant or Stimulant may need to be reduced or changed to stabilize the situation. If a depressed patient says they can't take this or that Antidepressant because in the past that Antidepressant made them worse it is probably because their Depression is a part of "Mood Swings" Bipolar Disorder. If they are started on a Mood Stabilizer at the same time they will probably be able to take Antidepressants that previously upset them.

I always encourage my Bipolar patients to make the most of the giftedness all ADD and Bipolar people have. They may have Artistic or Musical Gifts, Originality or Inventiveness. They may be gifted in Lateral Thinking and Problem Solving, in Writing, Literature, or have Sporting Gifts and nearly always have above average practical Intelligence. Sir Winston Churchill, Prime Minister of Great Britain during World War II, suffered from Bipolar Disorder and was a failure at school, but many people consider he was the greatest Englishman who ever lived, and that without his wartime efforts we might have been ruled by the Nazi's. John Lennon, Heath Ledger and Thomas Edison also had Bipolar Disorder and were highly intelligent, gifted, and talented. I have photos of all 4 of these people on my consulting room wall, which greatly encourages many of my Bipolar patients with regard to their own potential, and helps them to realize the dangers of Alcohol and Street Drugs for ADD/Bipolar Disorder people.

A very significant proportion of High Achievers, Artists, Musicians, Actors, Writers, Inventors, Sports Champions and Athletes have Bipolar Disorder but they may crash and burn from going over the top into Mania or from Self Medicating with Alcohol or Street Drugs. They are particularly at risk if they are not aware of or don't understand their Disorder and it's Management and especially if they and their Doctor

don't know about mood Stabilizers. For more information go to www.BeatingAlcohol.com, www.BetterMindHealth.com, www.BeatingHeroin.com and www.BeatingBenzodiazepines.com.

If you have had any experiences or have any information about Mood Swings Bipolar Disorder that might be helpful for other people please post them on my Blog at www.BetterMindHealth.com.

v) **The Attention Deficit Disorders (ADD, ADHD etc.)** (see also www.ADDselfhelp.com and Dr Neil Beck's E Book ADD Self Help)

Approximately 6 to 8% of children are born carrying ADD Genes (on average 2 in a class of 30). Half of them grow out of it by adulthood and the others have ADD for life, although if it is diagnosed and they have Holistic treatment they may learn to manage it very well. They may learn to make use of the ADD gifts, talents and high practical Intelligence and have an unusual but very good life. ADD Underactivity/Overactivity of various parts of the brain causes problems such as Daydreaming, Poor Attention Concentration and Comprehension, not "getting" things, Distractibility, Confusion, Disorganization, Difficulty Starting and Finishing Things, and Relationship, Employment and Money Difficulties. All of these things lead to underachievement, despite the fact that ADD sufferers almost always have above average practical intelligence. It is an action streetwise non-academic kind of intelligence. These characteristics are seen scattered throughout the ADD person's Family because the ADD genes are inherited and pass from generation to generation. However the picture may be confusing because ADD sufferers **always** have other Mental Health Disorders as well.

ADD sufferers are like a car with a very good engine but a faulty gearbox that doesn't get the engine's power through to the wheels. **However doing things they really enjoy and find very interesting, exciting or a bit scary stimulates their Brain production of Noradrenalin and Dopamine and they then "catch on" to things much faster and better and may perform brilliantly whilst stimulated in that way.** It is very important for anyone with ADD, child or adult, to study and work in areas that they find very enjoyable, interesting or exciting and to avoid boring and routine things. They will usually fail at boring things which will reduce their Self Confidence and Self Esteem. It is Psychosocially damaging for someone with ADD to be forced to do things they do badly as this poor performance probably indicates that during those activities their Brain Adrenalin and Dopamine production and levels are too low for them to succeed. Brain Scans in these cases show that the harder they try the less active critical parts of their Brain becomes.

ADD varies in severity from very mild, to mild, to moderate, to severe, to very severe. ADD is mainly due to the Front Part of the Brain (the Frontal Lobes) being sluggish because the Base of the Brain is not producing enough of the chemicals Dopamine and Noradrenalin (Adrenalin) to keep the Frontal Lobes stimulated and working properly. If there is not enough Dopamine and Noradrenalin for the Frontal Lobes to work properly then other parts of the Brain that are controlled by the Frontal Lobes are indirectly affected and also won't work properly. That causes widespread Discomforts and Dysfunctions in the person concerned, sometimes causing them to seek relief with street drugs.

In approximately 20% of cases as well as the Frontal Lobes being Underactive there are other parts of the Brain that are Overactive, e.g. the parts under the Temples (the Temporal Lobes), can be overactive. Overactive areas of the brain cause Irritability and sometimes Anger; for example Road Rage and Domestic Violence may occur with Temporal Lobe ADD in which the Temporal Lobes are overactive. There are many Doctors who are not yet aware of the wonderful effectiveness of Anticonvulsant Mood Stabilizers in Irritability, Anger, Violence, Hypomania, Excessive Emotional Intensity and "Racing Thoughts" that prevent Sleep. In my experience, none of the other treatment options work as well as Anticonvulsant Mood Stabilizers in preventing or controlling these problems.

However in severe cases which are difficult to control a Major Tranquillizer (Quetiapine, Olanzapine Wafers, Amisulpride etc) should be combined with the Anticonvulsants.

ADD is basically an inherited Brain Chemistry Disorder but its severity also depends on lifestyle factors such as Diet, Exercise, Stimulation, Enjoyment and Interest at School, at Work and in Recreations. ADD can also be very significantly aggravated by street Drug Use. Over thousands of years humans lived very physically active lives and had a diet of freshly gathered natural foods and drinks. Today most people still feel and perform much better when they are physically active and have a fresh natural diet. This is especially the case with Indigenous people whose Environment and Lifestyle have often changed totally in the last 1 or 2 generations. Some authorities say that ADD/ADHD is 6 times as common in Indigenous people as in Caucasian people. Diabetes is also very common in Indigenous People but it has been observed that if they go back to their traditional diet, their highly physically active lifestyle and their ancestral environments many Indigenous people get over their diabetes. This probably means that a traditional diet and a highly physically active lifestyle would also be very effective for Indigenous people who suffer from ADD. The changes in diet and physical activity have been less abrupt for most people of European Origin but diet and physical activity are still very important for people with ADD who are from that background.

The Mental distresses and dysfunctions of ADD, which are mainly caused by Brain Chemistry disturbances, sometimes lead to people seeking relief through self medication with Street Drugs. They usually use the Street “Uppers” Amphetamines or Cocaine, or they become Polysubstance Abusers. Severe ADD sufferers often alternate between Methamphetamine, which has some therapeutic effect, and Heroin which helps to blot out the distress. Approximately 60% of my heroin patients have ADD. If given Naltrexone to block Opiate Addiction a person with ADD will often switch to Methamphetamine, unless their ADD is diagnosed and properly treated. In more severe cases of ADD the addictiveness, cost and side effects of street drugs can lead to poverty, lack of basic living needs, homelessness, crime, prison and a hell of a life. This is even worse if the ADD has not been diagnosed and no one knows what the hell is going on.

Another serious pitfall is that many ADD children go on to develop Bipolar Disorder in their teens or twenties but the Bipolar Disorder is often not diagnosed as it emerges. The Bipolar diagnosis may be missed and correct treatment not given because it is thought that the Bipolar Signs are due to the ADD becoming worse or becoming resistant to treatment. The person’s life then becomes chronically troubled and sometimes a disaster.

ADD negatives are always associated with ADD positives such as giftedness in art, colors, music, drama, writing, literature, athletics, sports, fixing things etc. Many gifted artists and musicians struggle with drugs and alcohol because they have ADD and/or Bipolar Disorder. The ADD Discomforts and Dysfunctions may cause them to try many chemicals in their search for relief, including prescribed, over-the-counter, Street Drugs and Alcohol. Because of this ADD is sometimes called “The Addictive Brain Disorder”. Approximately 60% of my Heroin patients have ADD/ADHD and approximately half of my Substance abuse patients who have ADD/ADHD also have Bipolar Disorder.

Modern SPECT Brain scans now clearly show any areas in a person’s brain that are Underactive or Overactive. This led to the discovery by Dr Daniel Amen in California (<http://www.amenclinics.com>) that there are 6 different ADD Abnormal Patterns of Brain Activity. We now know what the Discomforts and Dysfunctions are that correspond to each of these Abnormal Brain Activity Patterns, and can usually diagnose the 6 different types of ADD by asking the right questions. I find that Brain scans are often not necessary but in severe cases if the treatment isn’t working then a scan may help find problems that have been overlooked or misunderstood. Spect Brain scans have credibility in defending people in the Courts if they have offended because of their Brain Disorders. We also now know that most of these 6 different ADD Abnormal Patterns of Brain Activity require different medications. In the past, because our knowledge of the range of types of ADD was incomplete, our

treatments were inadequate in many cases and sometimes had to be stopped because they made some people worse. At that time we didn't know why but now we do know why and also know what to do.

A major step forward for the approximately 20% of people with irritable ADD was the discovery of the value of Anticonvulsant/Mood Stabilizer medications, (carbamazepine CR, lamotrigine, sodium valproate etc). They calm those types of ADD where there is Overactivity of parts of the Brain, giving rise to Irritability, Anger, Rage or Violence. Irritable types of ADD can sometimes be made better and sometimes be made worse by Dexamphetamine, Ritalin, Modafinil and Antidepressants. If Stimulants and stimulant type Antidepressants make Overactive parts of the Brain even more Overactive and Irritable then calming Anticonvulsant/Mood Stabilizers should be given at the same time to calm the Overactivity.

Another major step forward was the discovery of the effectiveness of many SSRI and other "Antidepressants" in ADD, for example sertraline, desvenlafaxine, and mirtazapine. They are effective because they also boost Noradrenalin and Dopamine production, although not as strongly as Dexamphetamine, Ritalin and Modafinil boost them. "Antidepressants" are especially beneficial when, as is always the case, ADD occurs in association with other Disorders such as Sleep Disorders, Anxiety Disorders, Major Depression, Bipolar Disorder, Substance Abuse, etc. Different "Antidepressants", if the most suitable ones are carefully chosen, firstly according to their usual effects, but finally according to the actual results they produce when tried with each particular Patient, will improve several different Mental Health Disorders at once. Dexamphetamine sometimes makes Sleep, Anxiety and Anorexia problems better and sometimes makes them worse. We know what each medication does for most people, but what will help a particular person most can only be found by trying the most likely medications one after another until one is found that is very effective.

Because of their stimulant effect Antidepressants should only be given to people with the Irritable Angry type of ADD (Temporal Lobe ADD) and/or Bipolar Disorder if they are also started on an Anticonvulsant Mood Stabilizer. The Stimulants Dexamphetamine and Ritalin may be the most helpful medications for people who only suffer from ADHD (Hyperactive ADD) and/or ADD (Inattentive or Day Dreaming ADD) and many ADD sufferers will want those Stimulants because they got good results when a friend gave them a few to try. However "Antidepressants" may have a more helpful **overall effect** for many ADD people depending on which other "Big 7" Mental Health Disorders they also suffer from – and **everyone with ADD always suffers from other Mental Health Disorders.**

The recognition of the importance of traditional diets and exercise levels in treating ADD has also substantially improved the lives of many ADD sufferers. The increase in ADD in recent years has been at least partly and perhaps largely due to major changes in modern Human Diets. A great many Brain Chemistry Disturbing Artificial Chemicals that don't occur in the Natural Environment are now put into manufactured foods and drinks to make them more attractive and saleable. However many people's Brain Chemistry has not yet adapted to those Chemicals. Common examples are Artificial Coloring, Preservative and Flavoring Chemicals. There has also been a great reduction in Physical Exercise in our work, recreations and daily living with the introduction of telephones, trains, cars, labor saving devices, computers, electronic games and the internet. People with ADD feel and perform much better if they have a fresh natural diet (with 10 grams of fish oil on the days when they don't have seafood), and a physically active lifestyle more like our Ancestors had, from whom we got our genes. The Genes that were passed down to us from our Ancestors and which determine our Brain's Structure and Function were developed in an Environment and a Lifestyle that was quite different to present day Environments and Lifestyles.

EEG Biofeedback is very helpful in ADD because Electricity is very important in Brain Function and Dysfunction. Every one of your billions of tiny brain cells produces tiny Flows of Electricity as well as of Chemicals. All of these tiny Flows join up to produce bigger Flows and with these bigger Flows of different Chemicals and different Speeds (Hz) of Electricity your Brain controls your functioning and your life. In ADD there are nearly always excessively strong flows of the 3 and 5Hz Brain Electricity and

this can be Permanently Corrected in most cases by 30 or 40 EEG Biofeedback sessions. This gives unstable ADD people stability and resilience, which is something like what Mood Stabilizers do, but with Mood Stabilizers you have to keep taking them to maintain the benefit as they don't produce a Permanent Correction.

Unfortunately we have neglected Brain Electricity in our diagnosis and treatment of Mental Health Disorders even though EEG Biofeedback gives a much more permanent benefit than Pharmaceutical Treatments give. Our neglect of Brain Electricity has probably partly been because 1) EEG Biofeedback is not covered by Medicare because there is no company that would benefit enough financially to make it worthwhile for them to do the trials needed to get EEG Biofeedback approved for subsidization by Medicare. 2) partly because EEG Biofeedback equipment requires some technical backup and 3) partly because Pharmaceutical companies have so heavily and successfully marketed their products. I did a great deal of EEG Biofeedback at the Chemical Health Centre a few years ago and a significant number of my Patients still tell me that of the various things we did for them they thought that EEG Biofeedback had helped them the most. The practical problems of lack of subsidy by the Healthcare System, the need for technical support, and the heavy and successful marketing of medications which makes most people favour pharmaceutical solutions, have reduced our activity in EEG Biofeedback to a trickle at present.

With Comprehensive Diagnosis, Information, Counseling and Coaching; by normalizing Brain Chemistry with a Diet and Exercise Pattern more like that of our Ancestors, with the addition of modern Medications; and if possible correcting Brain Electricity with EEG Biofeedback, we can now largely fix ADD Discomforts and Dysfunctions. This greatly reduces damage from self-medication with Alcohol, Benzodiazepines and Street Drugs. If a person with ADD can then find a niche for themselves which “turns them on” because it stimulates their Brain’s Adrenalin and Dopamine production, and they are then able to take advantage of their gifts and their superior practical intelligence, they can have a very interesting life.

vi) The “Brain Shock” Disorders (Post Traumatic Stress Disorder, Acute Stress Disorder, Adjustment Disorder, Low Self Confidence/Self Esteem, Amnesia, Dissociation, Split Personality Disorders etc.)

The Brain can be “shocked,” causing disturbances to its normal Production and Flows of Chemicals and Electricity, which impairs its functioning. The Causes of Brain Shock include severe life threatening Sicknesses, Accidents, Assaults, Traumatic Family Breakdowns and Physical Mental or Sexual Abuse in Childhood. Brain Shock can also result from Financial Crashes with the loss of a home and financial security, Natural Disasters, Migration Refugee Prison or Wartime Traumas, or from any other Seriously Traumatic or Near Death Experiences. If shocking things happen to you, you receive shocking news, your eyes see or your ears hear or you touch or smell shocking things, this information passes through your sensory organs to your brain and may jolt or shock your Brain and damage its Chemical/Electrical Flows and therefore its functioning. This is especially so if your Brain has already been weakened by other Mental Health Disorders, Alcohol or Drugs. Disturbed Brain Chemistry and Electricity Production and Flows also result in your Brain developing disturbing Conscious and Subconscious Images, Sayings, Memories and Imaginations – “Mental DVD’s”.

After a shock your Brain’s Chemical and Electrical Flows may become too weak, too strong or too unstable and erratic for your Brain to be able to properly manage itself and to properly manage your body and your life. This causes you to suffer Discomforts, Dysfunctions and a Troubled Life. These disturbed Chemical and Electrical Flows and disturbing Memories, Imaginations or “Mental DVDs” are the basis of “Mental Injuries” such as Post Traumatic Stress Disorder, Acute Stress Disorder,

Adjustment Disorder, Damaged Self Confidence/Self Esteem, Amnesia, Dissociation, Split Personality Disorders etc.

Your brain may keep consciously or subconsciously replaying the disturbing “Mental DVDs” which it recorded of the events or the information that caused your Brain shocks. Some unfortunate people can still vividly “see”, hear, taste or smell shocking things in their mind that happened 20, 40, 60 or more years ago. These disturbing “Mental DVDs” may cause them to re-experience Shocks and Discomforts/Dysfunctions over and over again, consciously or subconsciously. In many but not all cases the passage of time and getting on with life restores normal Production and Flows of Brain Chemicals and Electricity. New Images, Sayings, Memories – “Mental DVD’s”– gradually replace or crowd out the Traumatic ones from the past.

Social/Psychological Brain Shock Disorders may be Mild, Moderate or Overwhelming. They may be Short Term or Long Term. They may result in Relationship difficulties or breakdowns, difficulties with work or study, and the development of Alcohol abuse or Drug use. These things can make the consequences of the Brain Shock Disorders very much worse.

You may be able to minimize Brain Shock by minimizing your exposure to shocking things. A member of my family who was working in New York in 2001 watched the people jumping out of the World Trade Centre and then watched much of the TV coverage over the next 24 hours. If there is nothing you can do to help it is better to avoid watching shocking scenes like that.

The support of family and friends can help to prevent or minimize and more quickly resolve Brain Shocks and Brain Shock Disorders. The Chemical and Electrical Disturbances of Brain Shock Disorders can be reduced or corrected with Serotonin/Noradrenalin/Dopamine Boosting, Mood Stabilizing and Tranquilizing Medications and EEG Biofeedback. The disturbed Memories, Dreams and “Mental DVD’s” can sometimes be resolved through Information, Counseling and understanding what happens in Brain Shock; sometimes through Forgiveness, Positive Thinking and Positive Activities; and sometimes through more and more thinking about Hopes, Dreams, Goals and Plans for the Future that can help by leaving less and less time to dwell on the DVD’s of the Past.

Often look at happy photos or pictures, play favorite music and go to favorite places. Think about and help other people who have suffered even more than you have suffered. Practice thinking about a number of happy scenarios until they are very clear to you and switch your thinking to one of those scenarios immediately whenever you start to remember something that shocked you. Try not to comfort eat, drink excessive alcohol, take street drugs, or too often feel sorry for yourself. Don’t blame yourself for what other people did or didn’t do and don’t give yourself a hard time for anything you did or didn’t do. Just apologize for and learn what you can from any mistakes you made and get on with your life. Sometimes say to yourself “I want to get it right next time. I will get it right next time”.

You will at some time have to face up to whatever shocked your Brain before you can lay it to rest and get it out of your thoughts, your dreams, your muscle tensions, your heart beat and your breathing rhythms and get closure. Don’t let friends, relatives or inexperienced, negative Counselors keep on dragging up memories of nasty shocks once you have faced up to those shocks and laid them to rest. **Some mornings and bedtimes say to your self “I refuse to have my mind and my life dominated by the past. I will get over it, get on with it, and enjoy.” Some mornings say to yourself several times “I am going to be Positive today. I will think positive thoughts, do positive things, and have a good day”. Then for a few minutes talk to yourself about your hopes and dreams for your life. Also try to mix with Positive Optimistic people and try to avoid Negative Pessimistic people.**

If you think you might have Post Trauma Problems do Google searches on the key words in this summary and find yourself an Effective Doctor **and** an Effective Psychologist or Counselor. If you are a female your Counselor or Psychologist must also be a female.

vii) The Paranoia/Hallucinations/Delusions Disorders

People sometimes experience unusual feelings, thoughts and beliefs that feel very real to them but that are actually being produced in their Brain. The commonest of these is **Paranoia**. Paranoia is a feeling/belief that you are being spied on, or that someone or something is trying to invade you, or is out to harm you, when no one and nothing is doing or trying to do those things. Sometimes your brain just produces those feelings/beliefs. **Hallucinations** are when someone thinks they see or hear something when there is nothing to see or hear. The most common hallucination is hearing voices when there is no one speaking. The voices seem very real but are being produced in the person's brain and not by other people.

Delusions are when someone believes something to be true which isn't true, such as believing there is someone under the floor, in the walls or in the roof of the building they are in, when in fact there is no one there. Sometimes people who experience Paranoia, Hallucinations or Delusions also think a great deal about Outer Space.

A patient of mine, a mid 30's man who had been Paranoid, Hearing Voices and having Delusions since his mid teens, was spending all of his unemployment payments on smoking marijuana. The Marijuana helped his Anxiety and Sleep, but it also made his Paranoia and Voices much worse, which is common. I put him on the Major Tranquillizer (Antipsychotic) Amisulpride 3 x per day for the Paranoia Voices and Anxiety, plus Carbamazepine C.R. and Escitalopram morning and evening for his Bipolar Disorder. He was soon dramatically better – the best he had been for 20 years; but he still thought there were people hiding in his wardrobe. So he then got himself a puppy and now says that if the puppy is not barking he knows there are no strangers around! He still has Paranoia, Voices and Delusions but now they don't upset him and he jokes about them. He no longer smokes any Cannabis, is now employed in a fulltime job he loves, has a good relationship, he and his partner have recently bought a house and they have had a wonderful holiday in Fiji, which was the first time he had been in a plane or been out of Australia. He is now off Social Security payments for the first time in his life and is no longer worried about money every day. He still needs to take his medications but now needs less and is very gradually reducing them. His partner used to be an alcoholic and also was Paranoid and troubled by Voices. She got better with the same treatment that he had plus some Naltrexone to stop the alcohol and she has had no problems with alcohol for over 2 years.

Paranoia, Hallucinations and Delusions can be very frightening and confusing which is why they are treated with Major Tranquilizers (Antipsychotics). They mostly occur

- With the use of Marijuana and Amphetamines and occasionally with Steroid Medications
- With the Mental Illnesses Schizophrenia and Severe Bipolar I Disorder.
- With high fever due to serious infections, dehydration and other toxic illnesses
- With the rare disorder Psychotic Depression in which Hallucinations, Delusions and Depression occur together.

If you have Paranoia or Hallucinations do The **Mini Checklist** at www.DrBecksChecklists.com. Your Signs of Mental Disorders will then **all** be laid out in your Checklist Report in Disorder Groups in descending order of importance. Illhealth Treatment can then be accurately targeted starting with the worst group first. **Everything that can be fixed should be fixed and then if there is any Paranoia, Hallucinations or Delusions remaining it won't be enough to spoil your life – and one day we will have better treatments that will make you even better.**

It is a tragedy that people with Schizophrenia

- (1) are often not diagnosed for many years because nobody simply asks them whether they think they might be being spied on or whether they think they might be hearing voices. **The earlier Schizophrenia is diagnosed and treated the less damage is done to Mental Functioning, Relationships, Education, Employment etc. Once someone with Schizophrenia has been**

talking to the Voices in their head and reducing their interaction with other people for a year or two, it is difficult to break that pattern.

Getting all new patients to do the Mini DISCOMFORTS/DYSFUNCTIONS Checklist, which includes simple direct questions about Psychotic Symptoms as part of a full range of questions, is the surest way I have been able to find to discover Paranoia, Hallucinations and Delusions early.

People with Psychotic Symptoms are usually embarrassed about them and are worried that if they tell anyone about being spied on or hearing voices those people will laugh at them, or will say they are crazy, or won't believe them. It seems from all of the previously undiagnosed cases I find that people usually don't tell their Family or their Doctor about Paranoia and Voices unless asked direct questions in a sympathetic manner; or until the Disorder has taken over their life and it is obvious to everyone that there is something serious going on.

- (2) are very often put in the too hard basket as soon as their Schizophrenia is diagnosed. Often their Family and their Health Carers assume that nothing can be done for Schizophrenia except giving Antipsychotics. Their other needs are not diagnosed or treated and people with Schizophrenia often suffer seriously and unnecessarily from untreated "Straight" (Major) Depression, "Mood Swings" Bipolar II Disorder, Post Trauma Disorders and unmet Daily Living Needs etc. These other Disorders can make Schizophrenia much worse and Quality of Life very poor, which is such a shame when these problems can all be made so much better with the usual treatments.
- (3) are often not treated like worthwhile human beings and are laughed at, harassed, avoided and/or irrationally feared, which needlessly and severely further diminishes their Self Esteem/Self Confidence and Quality of Life. People with Schizophrenia are very seldom dangerous and are certainly less dangerous than the great majority of people who use street Amphetamines, excessive Alcohol, Opiates etc who are violent much more often than people are who have Schizophrenia. If they are not fully diagnosed and treated and their Discomforts/Dysfunctions are severe people with Schizophrenia may get frustrated, irritable and occasionally violent just like any other sick person but this can be avoided by the same Diagnostic and Treatment processes that are needed to provide relief for any other Mental Health patient. Although they tend to be socially and emotionally withdrawn people with Schizophrenia really do need and benefit from normal sensitive social warmth and interaction, and from being treated as real and worthwhile human beings, all of which helps them to feel and function more normally and is better for everyone involved.

Major Tranquilizers are very important because they take the "sting" out of Paranoia, Hallucinations and Delusions which are very frightening and Anxiety producing. However my experience is that if people with Schizophrenia do the **Mini DISCOMFORTS/DYSFUNCTIONS Checklist** regularly and if they receive Holistic treatment for **all** of the groups of Discomforts and Dysfunctions for which their Checklist Score is more than 30, their life improves dramatically. **People with Paranoia, Hallucinations and Delusions really do need Holistic Treatment for ALL of their Disorders, just like everyone else with Mental Health Disorders.** People with Schizophrenia are some of my most interesting and grateful patients.

Conclusion

At the Family NeuroHealth Centre we have found that we are able to work with even very disturbed and damaged people who have signs of multiple “Big 7” Mental Health Disorders. They then achieve Mental Health, Strength, Stability and a much Happier Life. We are now finding that much of this work can be done effectively, at a much lower cost, and more quickly and conveniently, via the Internet. This method also empowers people to take more responsibility for their own Mental Health, which is essential in achieving true, long term success.

- 1. We diagnose all of our patients’ Disorders. Mental Health Disorders always occur in Bundles, never one at a time, and people don’t get better until their Mental Health Disorders have ALL been discovered, explored and fixed.**
- 2. After Complete diagnosis we supply all of our patients with simple clear Information about each of their Disorders, for example this “Big 7” statement and the “Difficult Depression” posting at our Better Mind Health Blog at www.BetterMindHealth.com .**
- 3. We then correct their Brain Chemistry Disturbances** with advice on Exercise, a Fresh Natural Diet, Nutritional Supplements (fish oil, Multi Vitamins/Minerals, Thiamine for Alcoholism) and Multiple Medications that fix **all** of their Nervous Disorders.
- 4. With ADD and Bipolar Disorder we help them to become aware of and to take full advantage of the special gifts and talents and superior practical streetwise intelligence that nearly always go with those Disorders.**
- 5. We refer them as soon as possible to an effective Counselor or Psychologist so that all of their personal issues are resolved; they learn The Positivity Skill/Habit and other Psychological skills; and they clarify and develop their Dreams, Goals, and Plans for their new life.**

When we find out everything that is wrong, and approach everything from every angle with the full range of tools that are available, and with a strong emphasis on patient empowerment and SelfHelp, there is nearly always a great change for the better.