

# Mental Illness Overview

A module within the 8-hour  
Responding to Crisis Course

## Our purpose



## What is mental Illness



## Definition of Mental Illness

- A syndrome characterized by **clinically significant disturbance** in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes...[and] associated with **significant distress or disability** in social, occupational, or other important activities.

DSM-5

## Schizophrenia

- “Split mind” – not multiple personalities
- **Loss of touch with reality**
- Caused by imbalance of dopamine in the brain
  - Too much in the temporal lobes
  - Not enough in the frontal lobes
- Very impairing, but recovery can happen
- Victimization far more common than violence

## Schizophrenia

- Core symptom: Delusions
- Fixed false beliefs
- Feels very real to the person
- Paranoid delusions
- Grandiose delusions
- Behavior is driven by beliefs

Potential video: “Delusions “ (2 min. male in therapy describing)

## Delusions

## Schizophrenia

- Core Symptom: Hallucinations
- Hallucinations – unreal sensory experience
- Auditory hallucinations
- Visual hallucinations
  
- Case example

## A day in the life of schizophrenia

## Schizophrenia

- Core symptom: Disorganization
- Disorganized speech
- “word salad”
- Disorganized behavior

## Schizophrenia

- Negative Symptoms
  - Not engaging
  - Poverty of speech
  - “Flat affect” – restricted emotional expression
  - Low motivation
  - Poor grooming and hygiene
- Very impairing and don't improve with meds

## Schizophrenia – treatment

- Antipsychotic medications
  - Block dopamine
  - Can improve delusions and hallucinations
  - Can improve disorganization
  - Make negative symptoms worse
- Work for many, but not for some
- Noncompliance occurs – many reasons
- Side effects can be severe
  - Tardive dyskinesia
  - Diabetes

## Mood Disorders

Major Depressive Disorder

Bipolar Disorder

## Major Depressive Disorder

- Not simply “the blues”
- Core Symptom: depressed mood or anhedonia
- Additional symptoms:
  - Crying spells
  - Feelings of worthlessness or guilt
  - Appetite, energy and sleep disturbance
  - Psychomotor agitation/retardation
  - Diminished concentration
  - Preoccupation with death
  - Suicidal thoughts, plans or acts

## Major Depressive Disorder

- How is it treated?
- Antidepressant medication will be necessary for recurrent forms of MDD
- Noncompliance occurs due to length of treatment and side-effects
- Therapy helps also
  - The role of thinking errors
- ECT can be necessary
- Relationship between suicide and addiction

## Bipolar Disorder

- Bipolar Type I = “manic depression”
- Alternating episodes of Major Depressive Disorder, and Mania
- Bipolar Disorder should not be understood to apply to people with rapid mood swings
- Think of depression for months to years, and mania for weeks to months
- Psychotic symptoms can occur



## Bipolar Disorder - Mania

- Core Symptom: expansive, elevated mood
- Additional symptoms:
  - High energy
  - Decreased need for sleep
  - Racing thoughts
  - Increased talkativeness
  - Inflated self-esteem
  - Distractibility
  - Impulsive with poor judgment

## Bipolar Disorder – treatment

- Mainstay of treatment is a mood stabilizer
- Lithium, depakote, antipsychotics
- Noncompliance is common
  - Side-effects can be severe
  - “I’m too slowed down, I’m not creative, I lost my great ideas...”

## Borderline Personality Disorder

- Personality disorders develop over the course of childhood, adolescence, early adulthood
- BPD is more common in females
- Associated with abusive childhood histories, particularly sexual abuse
- In general, this is associated with extreme instability in relationships and unstable moods

## Borderline Personality Disorder Symptoms

- Extreme emotional reactions, particularly in relationships
- Unstable identity or self-image
- Impulsive actions in multiple areas and that can harm the person (sex, substances, dangerous driving)
- Fear of and frantic attempts to avoid abandonment
- feeling empty inside
- inappropriate and intense periods of anger
- transient paranoid thoughts when stressed and/or dissociative symptoms (such a feeling unreal, memory problems, feeling disconnected from one's own body)

## Borderline Personality Disorder

- Self-mutilation (e.g., superficially cutting of wrists is common (about 75%)
  - May be suicidal in nature, in others it helps the person to sooth or calm self
- “Black and white thinking”
- Impulsive sexual behavior may be a problem, placing the individual at risk for victimization
- Medications often - part of overall treatment
- Psychotherapy may help with some symptoms
- Treatment - may not be covered by insurance

## Borderline Personality Disorder

- First responders, family and hospital systems may find the person very challenging
  - Person may be well known to police, hospitals
  - Suicidal threats must be taken seriously, even when there is a pattern (3-10% complete suicide)
  - Expressing doubt about true suicidal intent can lead to more intense actions
  - Impulsive or seductive actions could come into play

## Borderline Personality Disorder

- For calls to police
  - Communicate that you are there to help
  - Provide a sense of control if possible by offering choices
  - Display confidence, patience, and respect while listening actively
  - Avoid force while remaining vigilant
  - Don't make promises that you cannot keep
  - Do not be drawn into sharing personal information, favors, or taking an action outside of usual procedures
  - Is there someone they can contact to help (friend, family, therapies)
- Mobile crisis unit – if uncertain about need for ER

## Posttraumatic Stress Disorder

- The nature of traumatic experiences
  - Inability to escape
  - Direct experience or witnessed
  - Terror
  - Single extreme events vs. multiple events
    - Adverse Childhood Events
- Stress hormones → Fight, Fight and Freeze
- Potential impact on the individual
  - Enduring hormonal changes, cognitive, emotional,
- Posttraumatic stress disorder

## PTSD Diagnosis

- Exposure to actual or threatened serious violence/injury
- Intrusions (memories, dreams, flashbacks, reactions to cues)
- Avoidance of things related to the events
  - memories, people, situations
- Changes in arousal and reactivity
  - aggression, destructive, startle, sleep, concentration, hyper-vigilance
- Cognition and mood
  - Negative feelings, beliefs, shame, self blame, detached, can't recall

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## Posttraumatic Stress Disorder

- Treatment
  - Therapy
    - Exposure, integration, meaning/narrative
  - The role for medications
  - Barriers to treatment
    - Avoidance of therapy
    - Disengagement
    - Mood
    - Shame

## Toxic Stress

- Overwhelming stress with biological impact
- Children in poverty- at higher risk
- Abuse, neglect, witness violence
- Estimated for 1 in 7-10 children
- Potential Impacts:
  - Disrupted attachment/a need to focus on survival
  - Impulsivity, reduced attention/concentration, difficulty with trust and accepting help
  - More difficult to understand what or who is a threat
- Key to resilience – a trusted, caring relationship

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## Later in Life

- May have learned harmful survival skills
- May result ongoing problems in living
- Associations with
  - Medical, mental health and addiction problems
  - Lower threshold for the fight/flight response
  - Dissociation of behavior, knowledge, sensation, emotion
  - Impulsive and high-risk actions
  - Greater risk for problems with school, work, the law
  - Difficulty envisioning a better solutions

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## Wrap-up

- Q & A