Mental Health 101

Cuyahoga County Department of Child and Family Services

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Learning Objectives

- List the symptoms and diagnostic criteria for major mental illnesses in adults
- Utilize common screening tools for mental illness
- Recognize commonly used psychosocial and medication treatments for mental illness in adults
- Discuss communication and crisis de-escalation techniques
- Detect when to refer mentally ill adults for ongoing mental health services

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Common Myths About Mental Illness

- Myth #1: Mentally ill people are violent.
- Reality: The risk of violence is only slightly, if at all, increased by mental illness alone.

- Myth #2: Mental illness is a character flaw that people can outgrow.
- Reality: Mental illnesses are diseases of the brain with well documented biological dysfunction.

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Common Myths About Mental Illness

- Myth #3: People with mental illness are incapable of making rational decisions.
- Reality: Mental illness disables people to different degrees at different times.

- Myth #4: People on psychiatric medications become zombies.
- Reality: Newer treatments are relatively safe, non-addictive, and effective.

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The Human Brain

- Most complex organ in the body
- Different brain areas control different things:
  - **Brain stem**→ critical life functions such as heart rate, breathing, sleeping, etc.
  - **Limbic system**→ reward circuit (ability to feel pleasure), perception of emotions, motivation, etc.
  - **Cerebral cortex**→ sensory processing, thinking, planning, solving problems, making decisions, etc

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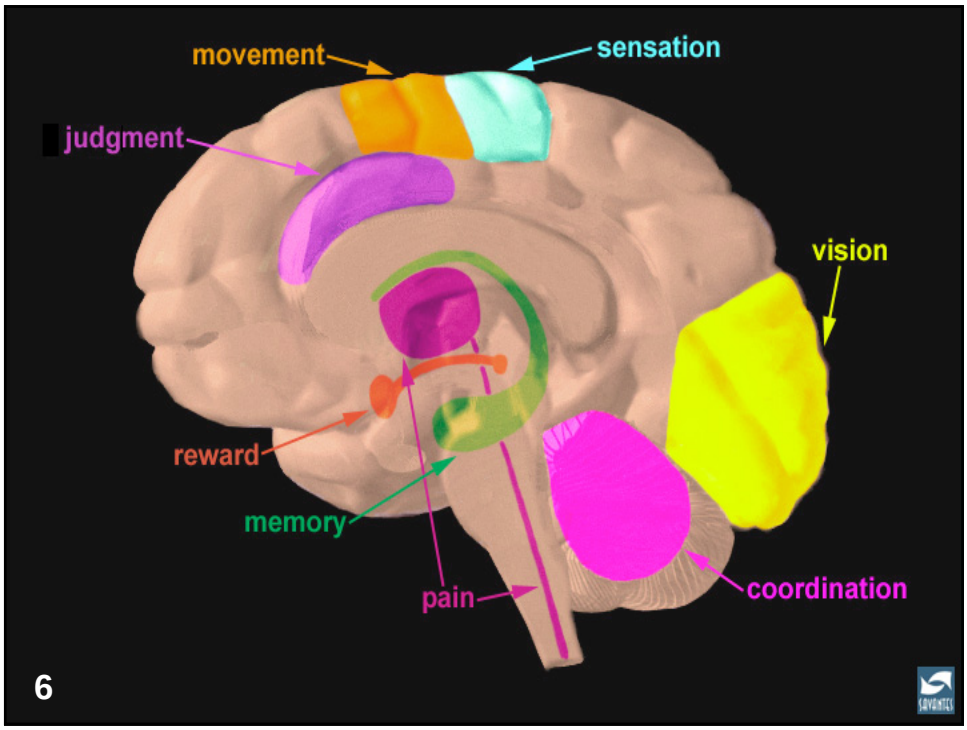

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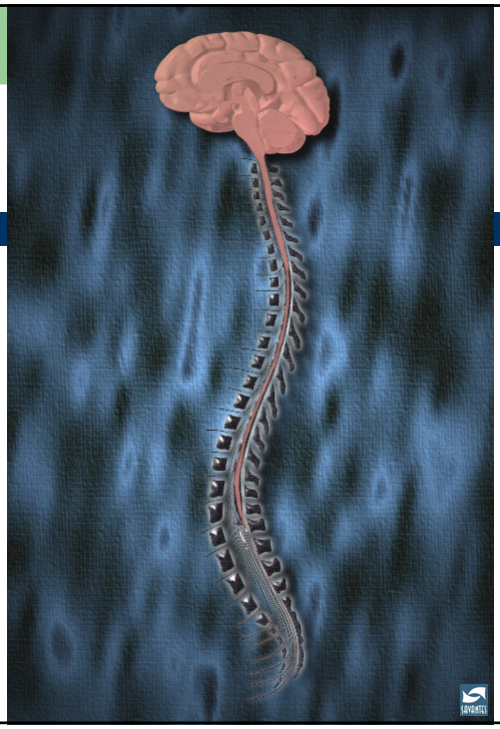

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Communication in the Brain

- Neuron = brain cell
- Neurotransmitter = chemical messenger between neurons
- Receptors = specialized site that picks up the chemical message
- Transporters = recycles neurotransmitters, shutting off signals between neurons

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Major Neurotransmitters involved in Mental Illness (including Addiction)

- Dopamine
- Serotonin
- Norepinephrine
- GABA
- Glutamate
- Endorphin

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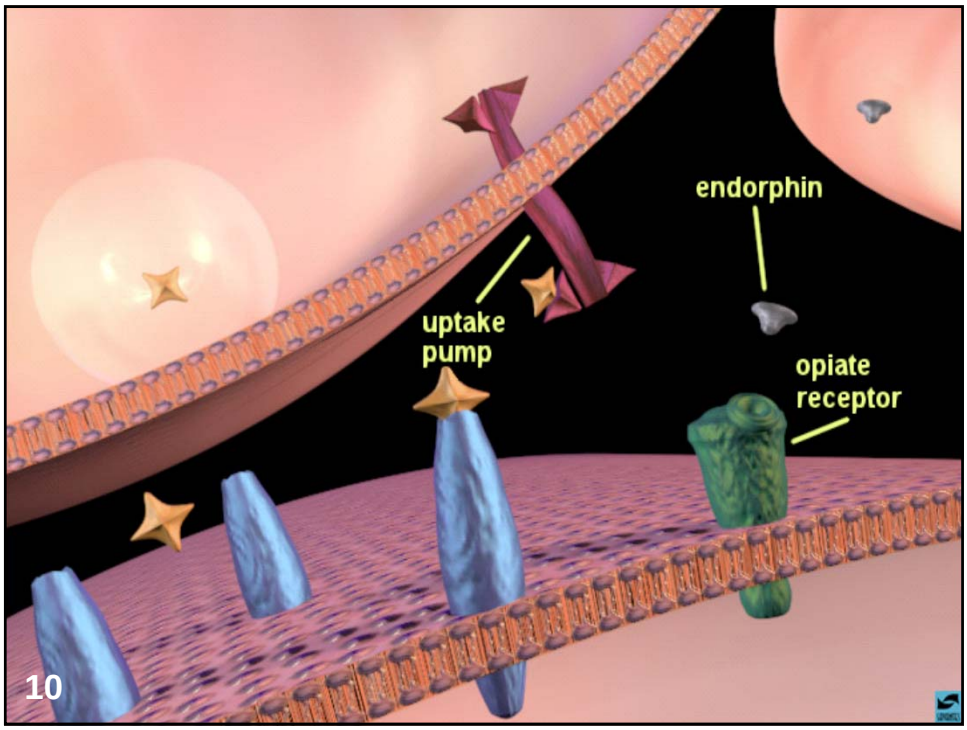

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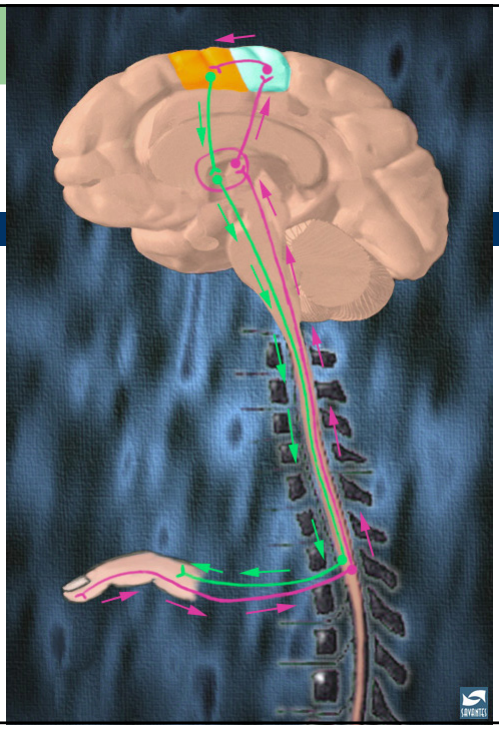

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What Is Mental Illness?

- **Mental illness** or a **mental disorder** is a diagnosable condition that:
  - Affects a person's thinking, emotional state, and behavior
  - Disrupts the person's ability to
    - Work
    - Carry out daily activities
    - Engage in satisfying relationships

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Prevalence of Mental Illness

U.S. Adults with a Mental Disorder in Any One Year

Type of Mental Disorder	% Adults
• Anxiety disorder	18.1
• Major depressive disorder	6.7
• Substance use disorder	3.8
• Bipolar disorder	2.6
• Eating disorders	2.1
• Schizophrenia	1.1
Any mental disorder	**26.2**

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Mood Disorders

- **Types of Mood Disorders**
  - Major depressive disorder
  - Bipolar I disorder
  - Bipolar II disorder
  - Dysthymia
  - Postpartum depression
  - Seasonal depression

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Depression vs. Major Depressive Disorder

- What Is **Depression?**
  - Everyday blues, sadness or a short-term depressed mood is common
  - Many individuals may cope with these feelings without significant impact on their everyday life.
- Episodes of **Major Depressive Disorder**
  - last for at least 2 weeks
  - affect a person's emotions, thinking, behavior, and physical well-being
  - Ability to work and have satisfying relationships

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Signs and Symptoms of Depression: Emotions

- Sadness
- Anxiety
- Guilt
- Anger
- Mood swings
- Lack of emotional responsiveness
- Feelings of helplessness/hopelessness
- Irritability

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Signs and Symptoms of Depression: Thoughts

- Frequent self-criticism
- Self-blame
- Pessimism
- Impaired memory and concentration
- Indecisiveness and confusion
- Tendency to believe others see you in a negative light
- Thoughts of death and suicide

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Signs and Symptoms of Depression: Behaviors

- Crying spells
- Withdrawal from others
- Neglect of responsibilities
- Loss of interest in personal appearance
- Loss of motivation
- Slow movement
- Use of drugs and alcohol

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Signs and Symptoms of Depression: Physical

- Fatigue/lack of energy
- Sleeping too much or too little
- Overeating or loss of appetite
- Weight loss or gain
- Constipation
- Headaches
- Irregular menstrual cycle
- Loss of sexual desire
- Unexplained aches and pains

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Some Risk Factors for Depression

- Distressing and uncontrollable event
- Exposure to stressful life events
- Difficult childhood
- Ongoing stress and anxiety
- Another mental illness
- Previous episode of depression
- Family history
- More sensitive emotional nature
- Illness that is life threatening, chronic, or associated with pain
- Medical conditions
- Side effects of medication
- Recent childbirth
- Premenstrual changes in hormone levels
- Lack of exposure to bright light in winter
- Chemical (neurotransmitter) imbalance
- Substance misuse

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Screening Tools for Depression

- **PHQ-9** "Patient Health Questionnaire"
- **MMS** "Modified MINI Screen" Section A

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DSM-IV Diagnosis of Major Depression

- 5 of 9 symptoms present for at least 2 weeks and at least one symptom is:
  - 1. Depressed mood OR
  - 2. anhedonia (loss of interest/pleasure)
- Symptoms cause impaired functioning or significant distress
- Symptoms are NOT caused by drugs/ alcohol, medical illness, or bereavement

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DSM-IV Diagnosis of Major Depression

- Psychological symptoms:
  - Depressed mood
  - Anhedonia
  - Low self-esteem, guilt, hopelessness
  - Inability to concentrate/indecisiveness
  - Suicidal ideation
- Physical symptoms:
  - Appetite disturbance (↓ or ↑)
  - Sleep disturbance (↓ or ↑)
  - Fatigue/loss of energy
  - Psychomotor agitation/retardation

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Bipolar Disorder: Symptoms of Mania

- Increased energy and over activity
- Need less sleep than usual
- Elated mood or severe irritability
- Rapid thinking and speech
- Lack of inhibitions
- Grandiose delusions
- Lack of insight

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Bipolar I vs. Bipolar II

- Bipolar **I** = ***Manic*** episodes + Major depressive episodes
- Bipolar **II** = ***Hypomanic*** episodes + Major depressive episodes
- Hypomanic episode → "mild to moderate" mania; shorter in duration and severity than mania; generally no psychotic symptoms

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Screening Tools for Bipolar Disorder

- **MDQ** "Mood Disorder Questionnaire"
- **MMS** "Modified MINI Screen" Section A

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DSM-IV Diagnosis of Bipolar Disorder

- "Euphoric" mood and 3 of 7 symptoms for at least 1 week
- "Irritable" mood and 4 of 7 symptoms for at least 1 week
- If hospitalization necessary, do not need the "one-week" criterion
- Marked impairment in social or occupational functioning

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DSM-IV Diagnosis of Bipolar Disorder

- **Elevated or irritable mood plus**:
- 1.Decreased need for sleep
- 2.Grandiose thinking and/or delusions
- 3.Increased activity/agitation
- 4.Hypertalkative
- 5.Flight of Ideas or Racing Thoughts
- 6.Distractibility
- 7.Excessive involvement in pleasurable activities

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What is Psychosis?

- Condition in which a person has lost some contact with reality
- A person may have severe disturbances in thinking, emotion, and behavior
- Usually occurs in episodes –not a constant or static condition
- Psychotic disorders are not as common as depression and anxiety disorders

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Psychotic Disorders

- **Types of Disorders in Which Psychosis Occurs**
  - Schizophrenia
  - Schizoaffective disorder
  - Schizophreniform Disorder
  - Delusional Disorder
  - Brief Psychotic Disorder
  - Bipolar disorder
  - Psychotic depression
  - Drug-induced psychosis

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Risk Factors for Psychotic Disorders

- Genetic factors
- Biochemistry
- Stress
- Alcohol and Drug Use
- Other factors

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Characteristics of Schizophrenia

- Delusions
- Hallucinations
- Thinking difficulties
- Loss of drive
- Blunted emotions
- Social withdrawal

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Screening Tools for Psychotic Disorders

- **MMS** "Modified MINI Screen" Section C

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DSM-IV Diagnosis of Schizophrenia

- Two or more:
  - Delusions
  - Hallucinations
  - Disorganized speech
  - Grossly disorganized or catatonic behavior
  - Negative symptoms
- One month active symptoms, six months minimum total illness

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Anxiety Disorders

- Anxiety disorders differ from normal stress and anxiety
- An *anxiety disorder* is more severe, lasts longer and interferes with work, regular activities and relationships
- Anxiety can range in severity from mild uneasiness to a panic attack or a flashback
- Often co-occurs with mood disorders and substance use

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Types of Anxiety Disorders

- **Generalized Anxiety Disorder**
  - Persistent, overwhelming and unfounded anxiety/worry accompanied by multiple physical and psychological symptoms
- **Panic Disorder**
  - Recurring panic attacks & persistent worry about possibility of a future attack
- **Phobic Disorders**
  - Avoids or restricts activities due to fear of specific objects/situations
- **Post-Traumatic Stress Disorder & Acute Stress Disorder**
  - Anxiety after experiencing a distressing or catastrophic event
- **Obsessive-Compulsive Disorder**
  - Obsessive thoughts & behaviors accompanying anxiety

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Prevalence of Anxiety Disorders

U.S. Adults with an Anxiety Disorder in Any One Year

Type of Anxiety Disorder	% Adults
• Specific phobia	8.7
• Social phobia	6.8
• Post–traumatic stress disorder	3.5
• Generalized anxiety disorder	3.1
• Panic disorder	2.7
• Obsessive–compulsive disorder	1.0
• Agoraphobia (without panic)	0.8
Any anxiety disorder	**18.1**

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Signs and Symptoms of Anxiety: Physical

- **Cardiovascular:**pounding heart, chest pain, rapid heartbeat, blushing
- **Respiratory:** fast breathing, shortness of breath
- **Neurological:** dizziness, headache, sweating, tingling, numbness
- **Gastrointestinal:** choking, dry mouth, stomach pains, nausea, vomiting, diarrhea
- **Musculoskeletal:** muscle aches and pains (especially neck, shoulders and back), restlessness, tremors and shaking, inability to relax

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Signs and Symptoms of Anxiety: Psychological and Behavioral

- **Psychological**
  - Unrealistic or excessive fear and worry (about past and future events), mind racing or going blank, decreased concentration and memory, indecisiveness, irritability, impatience, anger, confusion, restlessness or feeling “on edge” or nervous, fatigue, sleep disturbance, vivid dreams
- **Behavioral**
  - Avoidance of situations, obsessive or compulsive behavior, distress in social situations, phobic behavior

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Symptoms of a Panic Attack

- Palpitations, pounding heart, or rapid heart rate
- Chest pain or discomfort
- Sweating
- Chills or hot flashes
- Trembling and shaking
- Numbness or tingling
- Shortness of breath, sensations of choking or smothering
- Dizziness, light-headedness, feeling faint, unsteady
- Abdominal distress or nausea
- Feelings of unreality
- Feelings of being detached from oneself
- Fear of losing control or going crazy
- Fear of dying

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Risk Factors for Anxiety Disorders

- People who are more likely to react with anxiety when they feel threatened are those who:
  - Have a more sensitive emotional nature
  - Have a history of anxiety in childhood or adolescence
  - Are female
  - Abuse alcohol
  - Experience a traumatic event
- Medical conditions or side effects of some prescription medications
- Intoxication or withdrawal from alcohol, cocaine, sedatives, and anti-anxiety medications

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Screening Tools for Anxiety Disorders

- **MMS** "Modified MINI Screen" Section B
- **PC-PTSD** "Primary Care PTSD Screen"
- **GAD-7** "Generalized Anxiety Disorder-7"

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Other Screening Questions for Anxiety Disorders

- PTSD: Do you have recurrent memories or dreams of a terrible event in your life?
- Panic Disorder: Have you ever had a panic attack?
- GAD: Are you a worrier? What do you worry about?
- OCD: Do you have annoying thoughts that you can't get out of your head? Do you have any rituals you feel compelled to perform?

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DSM-IV Criteria for PTSD

- Criteria: Exposure to trauma
  - Actual/ threatened death to others or serious injury to oneself or others
- Person responded with intense fear, helplessness, or horror
- Patients must report 3 distinct sets of symptoms lasting greater than 1 month
  - RE-EXPERIENCING (need 1 of 5)
  - AROUSAL (need 2 of 5)
  - AVOIDANCE & NUMBING (need 3 of 7)

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DSM-IV Criteria for PTSD

- Re-experiencing of trauma through:
  - recurrent and intrusive memories
  - recurrent dreams
  - suddenly feeling/acting as if event recurring
  - intense distress at exposure to events that symbolize or resemble an aspect of the event
  - psychological reactivity to environmental cues

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DSM-IV Criteria for PTSD

- Arousal
  - Insomnia, anger outbursts, poor concentration, hypervigilance, exaggerated startle response
- Avoidance and numbing
  - Avoid thoughts, avoid places, amnesia, loss of interest in life, feeling “detached”, restricted affect, foreshortened future

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DSM-IV Criteria for Panic Disorder

- Recurrent Panic Attacks + 1 month fear/worry/behavior change due to Attacks
- 4 of 13 symptoms
  - "Heart attack": Palpitations, chest pain, nausea, sweating
  - "Breathless": Short of breath, choking, dizzy, paresthesias, hot/cold waves
  - "Fearful": Shaking, fear of dying, fear of going crazy, depersonalization/derealization
- Occur unpredictably (although may become associated with situations)

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DSM-IV Criteria for Generalized Anxiety Disorder

- Unrealistic worry about 2 or more life experiences for >6 months
- 3 of 6 symptoms more days than not:
  - restless or "keyed up"
  - easily fatigued
  - difficulty concentrating
  - irritability
  - muscle tension
  - sleep disturbance

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DSM-IV Criteria for Obsessive-Compulsive Disorder

- Obsession: "Persistent ideas, thoughts, impulses or images that are experienced as intrusive and inappropriate and that cause marked anxiety or distress."
- Compulsion: "Repetitive behaviors the goal of which is to prevent or reduce anxiety, not to provide pleasure or gratification
- Criteria: Obsessions OR compulsions, and
  - Must cause distress, take more than 1 hour daily, and interfere with routines and patient recognizes as "unreasonable"

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Personality Disorders

- Inflexible and pervasive behavioral patterns which often cause serious personal and social difficulties
- 10 Different Subtypes:
- Cluster A: Schizoid, Schizotypal, Paranoid
- Cluster B: Borderline, Narcissistic, Antisocial, Histrionic
- Cluster C: Obsessive-Compulsive, Dependent, Avoidant

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Screening Tools for Personality Disorders

- **SAPAS** "Standardised Assessment of Personality – Abbreviated Scale"

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DSM-IV Criteria for Borderline Personality Disorder

- A pervasive pattern of instability of interpersonal relationships, self image and affects, and marked impulsivity beginning by early and present in a variety of contexts, as indicated by five (or more) of the following:

- 1) Frantic efforts to avoid real or imagined abandonment.
- 2) A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
- 3) Identity disturbance: markedly and persistently unstable self-image or sense of self.
- 4) Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating).
- 5) Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.
- 6) Affective [mood] instability.
- 7) Chronic feelings of emptiness.
- 8) Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).
- 9) Transient, stress-related paranoid ideation or severe dissociative symptoms.

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Important Considerations: Borderline Personality Disorder

- BPD rarely stands alone: very high co-occurrence with other disorders
- More females are diagnosed with BPD than males by a ratio of about 3-to-1
- BPD affects between 1 - 2 % of the population
  - But in a treatment-seeking population, estimates are 10 % of outpatients and 20 % of inpatients who present for treatment have BPD
- 75 % of patients self-injure
- Approximately 10 % of individuals with BPD complete suicide attempts

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Differential Diagnosis

- Not every symptom of mental illness is caused by an actual mental illness
- AND….Mental illness symptoms often overlap with each other
- Must rule out:
  - Medical conditions—brain tumor, seizure disorder, thyroid disease, etc.
  - Substance use or abuse or dependence
  - Medication effects or side effects

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Addiction and Mental Illness

- Co-exist commonly
- Mental illness may precede addiction
- Drug use and abuse may trigger or worsen mental illness in vulnerable individuals

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A complex relationship…

- Substance use and mental illness may co-occur by coincidence
- Substance use may cause or increase severity of mental illness
- Mental illness may cause or increase severity of substance use
- Both conditions may be caused by a third condition
- Substance use and withdrawal may mimic symptoms of mental illness

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Treatment of Mental Illness

- **Types of professionals**
  - Psychiatrists
  - Doctors (primary care physicians)
  - Psychologists, Social workers, counselors, and other mental health professionals
  - Certified peer specialists
- **Types of Professional Help**
  - Psychotherapy
  - Medication
  - Psychoeducation
  - Alcohol and other Drug Treatment
  - Other professional supports
- **Self Help and other support**
  - Peer support groups
  - Family support groups
  - Family, friends, and faith and other social networks

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Commonly Used Medications

- Anti-depressant medication
- Anti-psychotic medication
  - First-generation
  - Second-generation
- Anti-anxiety medication
  - addictive vs. non-addictive
- Sleeping medication
  - addictive vs. non-addictive

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Common Psychosocial Treatments

- Cognitive-Behavioral Therapy
- Supportive Therapy
- Interpersonal Therapy
- Insight-Oriented (Psychodynamic) Therapy
- Exposure Therapy

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Recovery from Mental Illness

- “Recovery is the process in which people are able to live, work, learn, and participate fully in their communities.”
- “For some, this is the ability to live a fulfilling and productive life despite a disability.”
- “For others, recovery implies the reduction or complete remission of symptoms.”

President’s New Freedom Commission on Mental Health, 2003

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What is Mental Health First Aid?

- A groundbreaking public education program offered in the form of an interactive 12-hour course
- Participants certify as Mental Health First Aiders who have the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care
- Originally developed in 2000 by Betty Kitchener and Professor Tony Jorm in Australia
- Piloted in the US in 2008 with a goal to become as common as CPR and First Aid by 2020
- Mental Health First Aid USA is managed by 3 national authorities
  - National Council for Community Behavioral Healthcare
  - Maryland Department of Health and Mental Hygiene
  - Missouri Department of Mental Health

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Why Mental Health First Aid?

- Mental health problems are common.
- Stigma is associated with mental health problems.
- Many people are not well informed about mental health problems.
- Professional help is not always on hand.
- People often do not know how to respond.
- People with mental health problems often do not seek help.

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How to Help:
The Mental Health First Aid Action Plan

- **A**ssess for risk of suicide or harm
- **L**isten non-judgmentally
- **G**ive reassurance and information
- **E**ncourage appropriate professional help
- **E**ncourage self-help and other support strategies

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Communication Techniques

- Listen
- Reflect
- Validate
- Emphasize desire to be helpful
- Do not try to “talk out of” delusional beliefs
- Do not validate delusions

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Communication Techniques

- Build a relationship
- Help the person identify the crisis
- Assess the person's usual mechanisms for coping with the crisis
- Refer to appropriate treatment

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De-Escalation Techniques

- Remain calm and avoid overreacting
- Indicate a willingness to understand and help
- Speak simply and move slowly
- Be empathetic
- Remove distractions, upsetting influences, and disruptive people from the scene

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De-Escalation Techniques

- Pay attention to the person
- Help the person save face and convey hope if at all possible
- Respect personal space
- Recognize that person may be overwhelmed by sensations/thoughts/beliefs/"voices"/etc
- Be friendly, patient, accepting, encouraging, but remain firm and professional

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De-Escalation Techniques

- "I want to help"
- "How can I help?"
- "This can be worked out."
- "This can be worked out if you will help."
- "I need your help."
- "That's good…"
- "I don't want anyone to get hurt."
- "I know you don't want to hurt anyone."

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AVOID

- Moving suddenly, giving rapid orders, shouting
- Forcing a discussion
- Maintaining direct, continuous eye contact (stare down)
- Touching the person
- Expressing anger, impatience, irritation
- Using sarcasm, or making fun of the person
- Crowding or cornering the person

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AVOID

- Assuming that a person who does not respond cannot hear
- Talking to others as if the person is deaf
- Lying—mentally ill people are not stupid and they will remember what you said
- Using inflammatory language such as “crazy”, “psycho”, or “mental”
- Challenging delusional or hallucinatory statements (don’t validate them either)

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Recognizing Psychiatric Emergencies

- Violence or violent threats by mentally ill persons
- Suicide attempts or suicide threats
- Intoxication
- Aberrant or disorganized behavior
  - Wandering, rambling incoherently, nudity, repeated trespassing

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Resolving Psychiatric Emergencies

- Informal resolution
  - Most commonly utilized according to studies
  - Taking person home
  - Referral to outpatient services
  - Conflict resolution
  - Contacting family members
- (Call police for) transport to psychiatric emergency department for civil commitment
- Call police for arrest

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When to refer for ongoing mental health services

- Symptoms are so severe that they require police or hospital intervention
- Symptoms persist for two weeks or more with decreases in function (i.e. not taking care of self or family)
- Client is requesting help due to symptoms

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How to refer for ongoing mental health services

- ADAMHS Board Services Directory
- Many 24-hour crisis hotlines
  - Mobile Crisis 216-623-6888
  - Domestic Violence & Child Advocacy Center 216-391-4357
  - Cleveland Rape Crisis 216-619-6192
- 24-hour information line (United Way)
  - 211 or 216-436-2000
- Warmline (mental health peer support)
  - 440-886-5950

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Other Resources

- ***National Institute on Mental Health*** website: http://www.nimh.nih.gov
- ***National Institute on Drug Abuse*** website: http://www.nida.nih.gov
- ***National Alliance on Mental Illness*** website: http://www.nami.org
- ***Mental Health First Aid*** website: http://www.thenationalcouncil.org/cs/about_the_program

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Summary

- Mental illnesses are diseases of the brain
- Mental illnesses affect mood, thought, behavior, and judgment
- Medication and psychotherapy work best when combined with social supports and self-help
- Mental illnesses are treatable—recovery is possible!

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Contact Information

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