


ASU Center for Applied Behavioral Health Policy
Arizona State University

StrongFamiliesAZ.com

COMMON MENTAL ILLNESSES

increase your noticing skills on home visits

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Learning Objectives

- Discuss the need for changing the culture of **mental illnesses** and **reduce stigma**.
- **Increase awareness** of effective strategies for interacting with behavioral health clients, **using non-stigmatizing**, empathetic and problem resolution strategies.
- Improve competency in **'street triage'** skills, include the ability to describe and differentiate various common mental illnesses.

ADDRESSING STIGMA

PART I

reduce stigma
by leading by example

don't call the **person** by their diagnosis

be patient

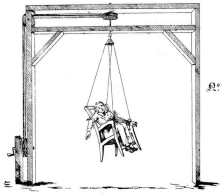
have empathy

treat with **respect and dignity**



19th century mental institution

spinning chair treatment
simply being a women
tranquilizing chair
blood letting
shock therapy
leeching
frontal lobotomy



STIGMA FREE



COMMON MENTAL ILLNESSES

PART II

common mental illnesses

schizophrenia
bipolar disorder
anxiety disorders
PTSD

treatment usually starts
through one of **4 doorways**



substance use



criminal justice system



healthcare system



behavioral health

brain illness

mental illness occurs when something
in the brain isn't working properly

a number of things can be happening
inside the brain

- brain neural pathways are disrupted
- neurotransmitters aren't communicating properly

26% of Americans adults have a diagnosable psychological disorder within a given year

50% lifetime prevalence

20% of American youth under the age of 18 have a diagnosable psychological disorder within a given year

*psychological disorders are leading cause of disability in U.S. and Canada for individuals between 15 and 44. NAMI, 2016

key points to consider

- mental illness is a **brain disease**
- mental illness can have a significant social and economic impact- not just on the individual, but on the **entire family**
- mental illness and substance use disorders are something from which individuals **can and do experience the recovery process**

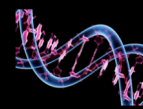
who are people with mental illness?

- mental illness is **not a personal weakness** or a result of a lifestyle choice
- mental illness occurs without regard to economic status, race, gender, or physical fitness
- **85%** of people diagnosed with a mental illness **will experience the recovery process** with treatment
- **96% people with a mental illness are NOT violent**



factors of mental illness are

COMPLICATED



genetics



environment



= mental illness

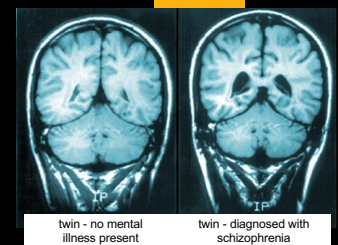
schizophrenia

schizophrenia

exact cause is **unknown**

3 factors believed important:

- brain structure & function
 - *increased dopamine levels
- hereditary factors - affects how a person thinks, feels, and behaves
- environmental stressors
 - exposure to viruses
 - malnutrition before birth
 - problems during birth
 - psychosocial factors



symptoms of schizophrenia

positive symptoms

- hallucinations
- delusions
- disorganized thoughts
- suspiciousness
- aggression
- hostility



negative symptoms

- blunted or flat affect
- social or emotional withdrawal
- difficulty in abstract thinking
- lack of ability to experience pleasure



hallucinations



auditory: hearing things (sounds of footsteps or voices)

olfactory: smelling things

gustatory: having unusual tastes in the mouth

tactile: feeling sensations on the skin (something is crawling over them)

somatic: these are feeling sensations deep within the body and can be very unpleasant

visual: seeing things that aren't really there (seeing people or shadows)



depression

cognitive difficulties

deterioration of hygiene

extreme reactions

inability to concentrate

delusions

over sleep or insomnia

hallucinations

apathy or lack of emotion

disorganized speech



challenging symptoms of schizophrenia

types of delusions

- grandiose
- religious
- paranoid or persecutory
- somatic
- "bizarre delusions"
 - thought broadcasting
 - thought control
 - thought insertion/withdrawal
 - ideas of reference



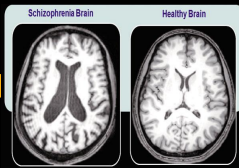
cognitive symptoms

- poor **executive functioning** (ability to understand information and use it to make decisions)
- trouble focusing or paying attention
- problems with **working memory** (ability to use information immediately after learning it)



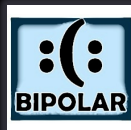
effects on the brain

loose association
 tangential thought / speech
 circumstantial thought / speech
 poverty of thought / speech
 thought blocking
 concreteness
 neologism - made up words
 echolalia - repeating words



bipolar disorder

bipolar disorder



bipolar I disorder

- characterized by one or more manic episodes, mixed episodes (**rapid cycling**), one or more major depressive episodes

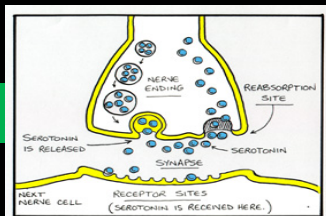
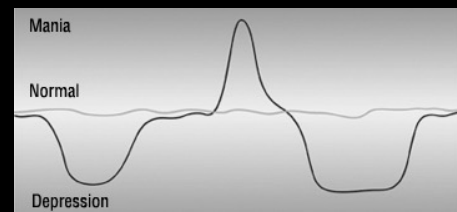
bipolar II disorder

- characterized by one or more major depressive episodes with at least one hypomanic episode (**not as severe**)

bipolar disorder

formally known as manic depression

- experience alternating episodes of **mania** (severe highs) and **depression** (severe lows)
- symptoms often go unnoticed for years



mood disorders

major depression & bipolar disorder

causes

- exact cause not known
- believed to be related to neurotransmitters and genetic factors

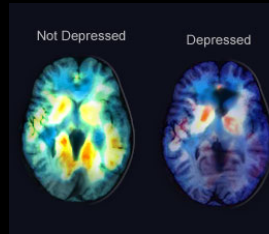
manic symptoms

- elevated / expansive mood
- grandiosity / delusions of grandeur
- decreased need for sleep
- pressured speech
- flight of ideas
- distractibility
- irritability / intrusiveness
- increased involvement in goal directed activity



depressive disorders symptoms

- depressed mood
- disturbance in appetite
- weight loss / gain
- sleep problems
- decreased energy
- feelings of worthlessness / guilt
- difficulty concentrating
- suicidal thoughts / attempts
- loss of interest or pleasure in activities for at least 2 weeks



personal approach: depression

- use a calm and supportive approach
- identify with their dilemma
- give strong reassurance that they are safe and you will assist them in getting help
- ask if they are having thoughts of suicide

personal approach: delusions and hallucinations

- recognize and acknowledge that their delusions or hallucinations **are real to them**
 - don't tell them there is no one there
 - don't tell them you see or hear something that you don't
- ask **what the voices are saying** to get an idea of what the person is going through and messages they are hearing
- realize that **they may be overwhelmed**

pills don't give skills



but you can teach skills...

anxiety disorders

social anxiety disorders

panic disorder and **agoraphobia** have been separated for DSM 5 classifications:
Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)

frequent or recurrent panic attacks not triggered by something that would normally cause anxiety formally known as "social phobia"

anxiety disorders

characterized by **persistent** and **irrational worry** examples:

- agoraphobia – a fear of being trapped in a place or situation, like public speaking
- panic disorder – involves the reoccurrence of unexpected panic attacks
- obsessive compulsive disorder (OCD) – this type of anxiety is characterized by obsessive thoughts and compulsions (repetition of irrational actions)



anxiety disorders



- heart palpitations or increased rate
- sweating / trembling
- shortness of breath / choking sensation
- chest pain / discomfort
- nausea or abdominal distress
- dizziness / faintness

symptoms of panic attacks often feels like a heart attack to the person

personal approach: anxiety disorders

- be calm, supportive, and empathetic
- reassure them they are safe and you will assist them in getting help
- if they are exhibiting OCD compulsions do not ridicule them or try to make them stop
- if their actions make you nervous, let them know, and try to agree on a possible alternative



**TRAUMA
INFORMED
CARE**

PART III

PTSD disorders

PTSD post traumatic stress disorder

catalyst is exposure to a traumatic event in which both of the following are present:

1. the person experienced, witnessed or was confronted with an event in which there was actual or threatened death, serious injury, or a threat to the physical integrity of self or others
2. there were intense feelings of helplessness, fear or horror

we should use **universal precautions** and assume everyone has had at least one trauma in their life



WARNING
UNIVERSAL
PRECAUTIONS
MUST BE
OBSERVED

trauma awareness

- natural or human-caused disasters
- individual trauma
- physical injuries
- group trauma (first responders & military)
- cultural trauma
- historical & generational
- mass trauma
- interpersonal
- developmental traumas

sources of traumatic stress

- loss of a loved one
- fire
- collisions
- overdose
- homelessness
- community or school violence
- domestic violence
- neglect
- physical abuse
- sexual abuse
- man-made or natural disasters
- terrorism
- incarceration



increased reactions in PTSD

- difficulty falling or staying asleep
- irritability or angry outbursts
- difficulty concentrating
- hypervigilance
- exaggerated startle response

more women are diagnosed with PTSD than men



post traumatic stress disorder

event is **persistently re-experienced** in recurring, distressing, and intrusive ways:

- dreams & flashbacks – awake or asleep
- psychological distress at exposure to cues & triggers

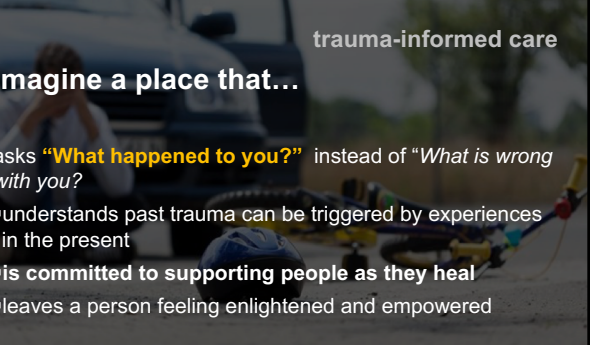


trauma-informed care

imagine a place that...

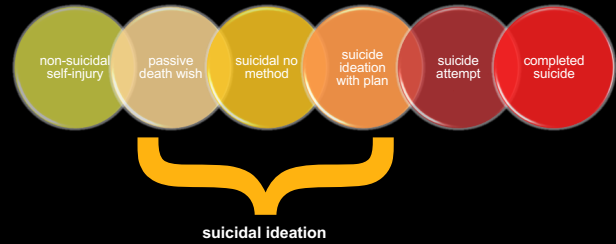
asks **“What happened to you?”** instead of *“What is wrong with you?”*

- understands past trauma can be triggered by experiences in the present
- **is committed to supporting people as they heal**
- leaves a person feeling enlightened and empowered



suicidal ideation or self-harm

suicide continuum



difference between self-harm and suicide

self-harm

tries to avoid life threatening harm

way of coping with life

goal to harm self is frequently achieved

suicide

intent is for harm to be fatal

way to escape life

achieving goal to harm self is fatal

self-harming behaviors



self-injury can be more than just scratches or bruises; there are a variety of ways **adolescents and adults harm themselves**

signs and symptoms



suicide risks adults & adolescents

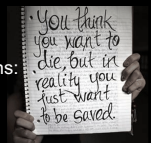
suicide is a risk factor for adolescents in these populations:

- LGBTQ (youth who identify)
- major depression
- conduct disorder
- bipolar disorder

mortality rates from suicide are **10-15% higher for adults** diagnosed with:

- schizophrenia
- bipolar disorder
- borderline personality disorder (and men diagnosed with antisocial but not sociopathy)
- anorexia (more than bulimia)
- major depression

SAMUELS/SIKORSKY: CLINICAL EVALUATIONS OF SCHOOL-AGED CHILDREN



warning signs: usually indicate
imminent risk of self-harm

risk factors: provide an **estimate of
the likelihood** of someone being at
risk for suicide

(Rudd, 2018)

what type of flags are seeing in the home?



- unusual risk taking
- feeling overwhelmed
- acting anxious, agitated, reckless
- changes in mood
- sleeping too little or too much
- poor impulse control
- change in work/school performance
- talking about being a burden to others

- talking about wanting to die
- thoughts or obsession with dying
- looking for a way to kill one's self
- symptoms of depression
- drastic behavior changes
- withdrawing from friends or social activities
- taking about feeling trapped or being in unbearable pain
- recent, severe loss
- increase in substance use
- talking about feeling **hopeless** or having no purpose



depression

tension

anxiety

**negative
feelings & cognitions**

generalized distress

anger

self-criticism

difference between
self-harm and
attempted suicide:
intent to end life

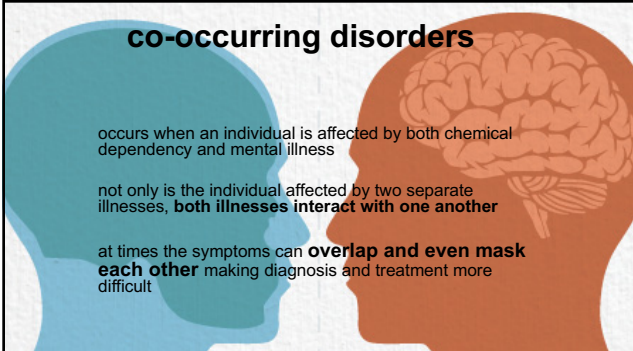
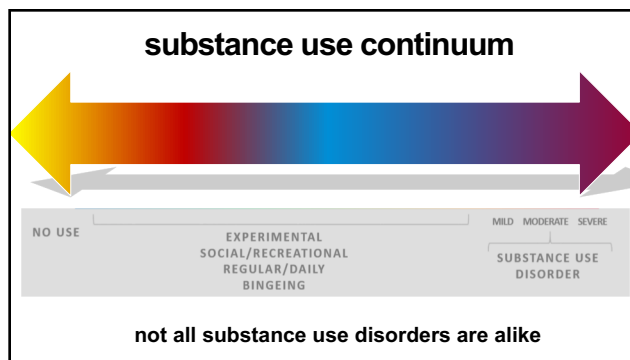
co-occurring disorders

co-occurring disorders

occurs when an individual is affected by both chemical dependency and mental illness


not only is the individual affected by two separate illnesses, **both illnesses interact with one another**

at times the symptoms can **overlap and even mask each other** making diagnosis and treatment more difficult





co-occurring disorders

- frequent hospitalizations
- medication noncompliance
- legal problems
- difficulty getting or keeping friends, jobs, place to live
- frequent conflict with families and support systems
- serious physical problems



one size does not fit all

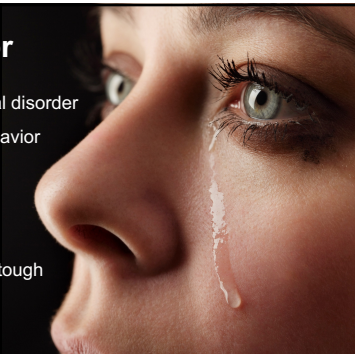


- interaction must be matched to individual needs
- meet them where they are at
- remember to slow down...you have time

focus on behavior

not trying to diagnose a mental disorder
observe and deal with the behavior

"Seems like you are having a tough day... How can I help you?"



control of self

- take a **deep breath**
- don't get defensive
- be very respectful when firmly setting limits or calling for help
- give the person plenty of room to move and significant space between you and them
- apologize if you get off track
- best de-escalation is **don't escalate**
- **listen...listen...listen**

takeaways

- culture shift
- empathy booster
- street triage
- increasing observation skills
- recognizing common mental illnesses
- effective communication skills



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