Getting It Right Matters Because



Behavioral Health Services

Care and Treatment Basics of Mental Disorders

What is meant by mental disorder?

- ❖ Mental disorder is a syndrome characterized by a clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.
- Also known as mental illness or psychiatric disorder.
- Mental disorders are usually defined by a combination of how a person behaves, feels, perceives or thinks.
- In order for a mental state to classify as a disorder, it generally needs to cause dysfunction.
- Mental and substance use disorders can co-occur and are among the leading causes of disability in the United States.

Common Mental Disorders

- Anxiety Disorder*
- Eating
- Mood Disorders*
- Neurodevelopmental
- Personality Disorders*
- Psychotic Disorders*
- Sleep Disorders
- Substance Use Disorders

***** Statistics (2012):

- There are nearly 40 million people (18%) in the U.S. who experience anxiety disorders.
- A national survey found that phobias and generalized anxiety are the most common anxiety disorders.
- Among adults, anxiety disorders first appear the earliest, usually around age 11.
- * Higher incidence rate in women versus men.

Most Common Anxiety Disorders:

- Generalized Anxiety Disorder
- Panic Disorder
- Social Anxiety Disorder

Disorde Anxiety

Causes of anxiety use disorder:

- Genetic Predisposition
- Brain Structure and Function
- Environmental Factors

Signs and Symptoms include, but not limited to:

- Restlessness, or feeling wound up or on edge
- Trouble concentrating
- Irritability
- Muscle tension, aching or soreness
- Sleep problems, such as trouble falling asleep, staying asleep, restlessness at night or unsatisfying sleep
- Pounding heart or fast heart rate
- Nausea or diarrhea
- Change in appetite
- Frequent sweating
- Being easily tired

Mood Disorder

Statistics (2012):

- Depression is one of the most common mental disorders.
- Mood Disorders are the most prevalent class of lifetime disorders among adults between ages of 30 and 44 years old.
- Usually appear around age 30.

Most Common Mood Disorders:

- Depression
- Bipolar

Mood Disorder is a group of conditions in which a disturbance occurs in the person's mood as the main underlying feature.

Depression

Important Key Elements to Remember:

- Depression is not a natural part of aging.
- Older adults are at an increased risk for depression.
- Depression presents differently in older adults.

Signs and Symptoms of Depression include, but not limited to:

- Sadness, anxiety, feelings of hopelessness.
- Loss of interest or pleasure in previously enjoyed hobbies and activities.
- Neglecting care of oneself.
- Fatigue or decreased energy levels.
- Irritability.
- Feelings of guilt, worthlessness or helplessness.
- Thoughts of death, suicide or suicide attempts.

Depression

Risk Factors for Depression:

- Females are three times more likely than males to have depression.
- Alcohol use and substance use disorders often co-occur.
- Depression in the past.
- Major life changes

Causes of Depression:

- Genetic predisposition.
- Environmental factors.
- Physical illness- can occur with serious medical illness such as diabetes, heart disease, cancer and Parkinson's Disease.
- Medications-Side effects of medications taken for physical illnesses.

Bipolar Disorder

***** Statistics (2012):

- * Affect up to 4% of people in the U.S. at some time in their lives.
- * First symptoms often occurs in teen years or early 20s.
- Equally effects males and females.

Causes of Bipolar Disorder:

- Genetic predisposition.
- Brain structure and functioning.

Bipolar Disorder is a mood disorder that involves unusual shifts in mood, energy, activity levels that affect a person's ability to carry out day-to-day tasks.

Bipolar Disorder

* Risks associated with Bipolar Disorder:

- * Alcohol use and substance use disorders often co-occur as "self-medication".
- Experience trauma.
- Become involved with the criminal justice system.
- Higher risk of having an anxiety or attention deficit hyperactivity disorder (ADHD).
- Suicide.

Statistics (2012):

- Estimated 9% of adults in the U.S. have at least one personality disorder.
- 2.2 million American adults 1.2% of the population have been diagnosed with Obsessive-Compulsive Disorder (OCD).
- ❖ 1.6% of American adults have Borderline Personality Disorder (BPD). Up to 80% attempt suicide at some point and up to 9% die from suicide.

Most Common Personality Disorders:

- Paranoid Personality Disorder
- Schizoid Personality Disorder
- Borderline Personality Disorder
- Obsessive-Compulsive Personality Disorder

Personality Disorder is a way of thinking, feeling and behaving that deviates from the expectations of the culture, causes distress or problems functioning and lasts over time.

Psychotic Disorder

Diagnosis requires a thorough assessment by a clinician and symptoms must be present for at least six months.

- * Most Common Types of Psychotic Disorders:
 - Schizophrenia
 - Schizoaffective Disorder
 - Substance-induced Psychotic Disorder

Schizophrenia is a psychotic disorder that affects how a person thinks, feels and acts. People with the disorder may have changes in:



Disord chizophrenia

Statistics:

- Less than 1% of people in the U.S. have schizophrenia.
- Schizophrenia affects men somewhat more frequently than women.
- Individuals with schizophrenia have an increased risk of death at a younger age.
- Increased risk for suicide among people with schizophrenia (5% lifetime suicide risk).

Signs and Symptoms of Schizophrenia:

- Delusions
- Hallucinations
- Disorganized Speech
- Disorganized Behavior
- Trouble expressing emotions

Treatment Options

- Psychotherapy*
- Medication*
- Complementary Therapies and Activities*
- Recovery and Social Support Services*
- Psychosocial Interventions
- Coordinated Specialty Care

Counseling can be provided:

- Individual level: one-on-one counseling.
- Group level: often used in addition to individual counseling to provide social reinforcement.

Counselors provide a variety of therapies:

- Cognitive-behavioral therapy teaches individuals in treatment new ways of thinking, acting and reacting to stressors, situations and feelings by challenging negative thoughts and confronting fears. It focuses on the development of personal coping strategies.
- * Family therapy is designed to work with family members to improve communication and resolve conflicts.
- Acceptance and commitment therapy focuses on accepting unpleasant feelings, teaches individuals to not overreact to these feelings and not to avoid situations in which they might occur.

Medication

Medications are helpful in treating mental disorders by focusing on relieving symptoms and improving the individual's quality of life.

- Medications may be used as:
 - A stand alone treatment.
 - In combination with psychotherapy and brain stimulation therapies.
- Common Medications Used to Treat Mental Disorders:
 - Anti-depressant Medications
 - Beta Blockers
 - Anti-Psychotic Medications
 - Anti-Anxiety Medications
 - Mood Stabilizers

Complementary therapies and activities are alternative therapeutic approaches that are used along with evidence based treatments to support individuals with improving their well-being.

- * Examples of complementary therapies and activities:
 - Early identification screenings.
 - Yoga, meditation, mindfulness activities.
 - Substance use disorder treatment.
 - Solution-focused therapy.
 - Stress management.
 - Guided imagery.
 - Progressive relaxation.

Recovery & Support Services

Recovery support services are services that are used with treatment to support individuals in their recovery goals. Often provided by peers or others who are already in recovery.

Examples of Recovery Support Services:

- Transportation to and from treatment and recovery-oriented activities.
- Peer-to-peer services, mentoring, coaching.
- Spiritual and faith-based support.
- Self-help and support groups.
- Crisis hotlines.
- Education about strategies to promote wellness and recovery.

Person-Centered Care

- Individualized Assessment and Approaches
- Reflect Resident's Goals for Care
- Interdisciplinary

Individualization

- Use the RAI process to assess the resident's history, cognitive patterns, mood, behavior, activities, and psychosocial status.
- Provide individualized approaches directed toward understanding, preventing, relieving, and/or accommodating a resident's distress or loss of abilities.
- Maximize the resident's dignity, autonomy, privacy, socialization, independence, choice and safety.
- Use non-pharmacological interventions. Use medication when other interventions alone are not effective or the medication is clinically indicated.
- ❖ Identify, address and/or obtain necessary services to address the resident's needs associated with the mental disorder (i.e. assist with access to community behavioral health services to the fullest degree possible).
- Identify individual resident responses to stressors and tailor interventions to address those stressors.

Care plan requirements (as related to mental disorders) include:

- The resident's goals (consult with resident and representative).
- Measurable objectives and timeframes.
- The services that are to be furnished, or those not furnished due to the resident's exercise of rights to refuse treatment.

Definitions

- * "Person-centered care": Means to focus on the resident as locus of control and support the resident in making their own choices and having control over their daily lives.
- * "Resident goal": The resident's desired outcomes and preferences for admission, which guide decision making during care planning.
- * "Measurable": The ability to be evaluated or quantified.
- * "Objective": A statement describing the results to be achieved to meet the resident's goals.
- Ultimate goal: To attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.

Interdisciplinary

Interdisciplinary approach assures that staff with variable competencies and skill sets provide appropriate services to meet the resident's needs as identified in the comprehensive assessment.

- Includes the resident, the resident's representatives, facility staff, physicians/practitioners and outside resources (where appropriate).
- Examples of outside resources:
 - Counselors
 - Psychiatrists/Psychologists
 - Substance abuse treatment centers
 - Pain clinics
 - 12-step programs/sponsors
 - Chaplains
 - Family/friend support (as identified by the resident)