

A Brief Overview of Mental Illness?

Resource Center Training

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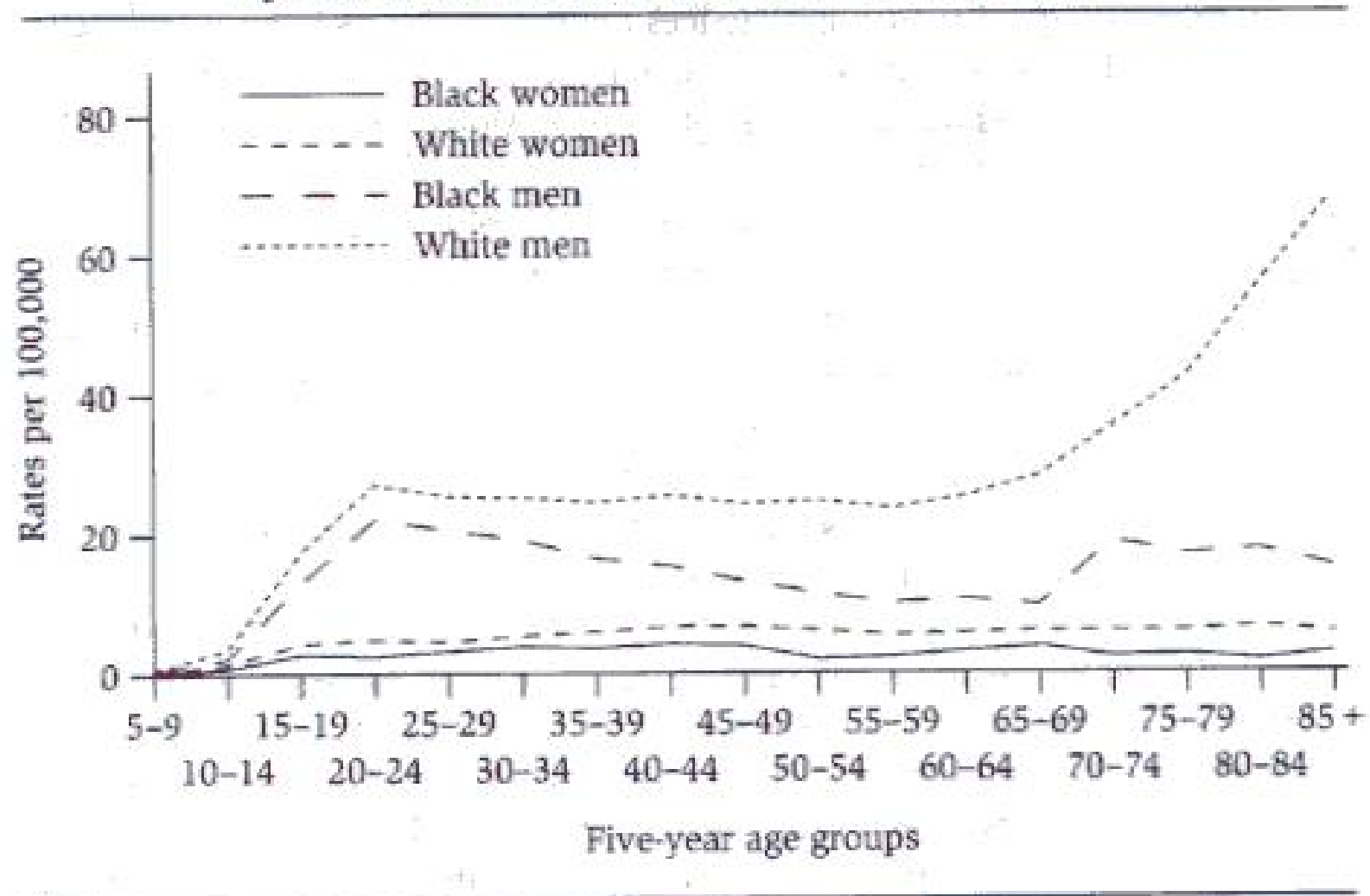
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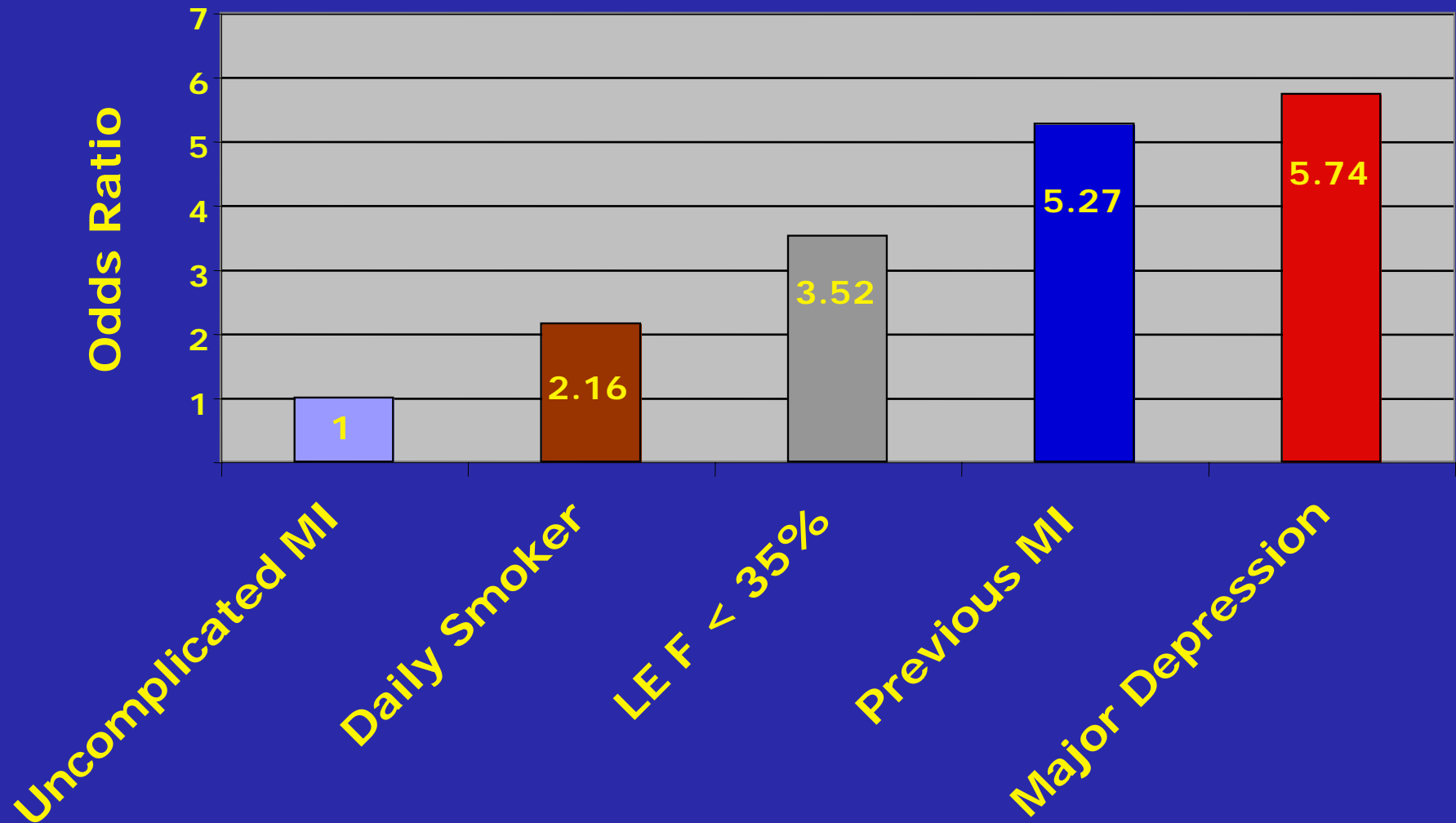
Suicide is a real risk

Figure 2.1. Suicide Rates by Age, Race, and Gender, United States, 1995.

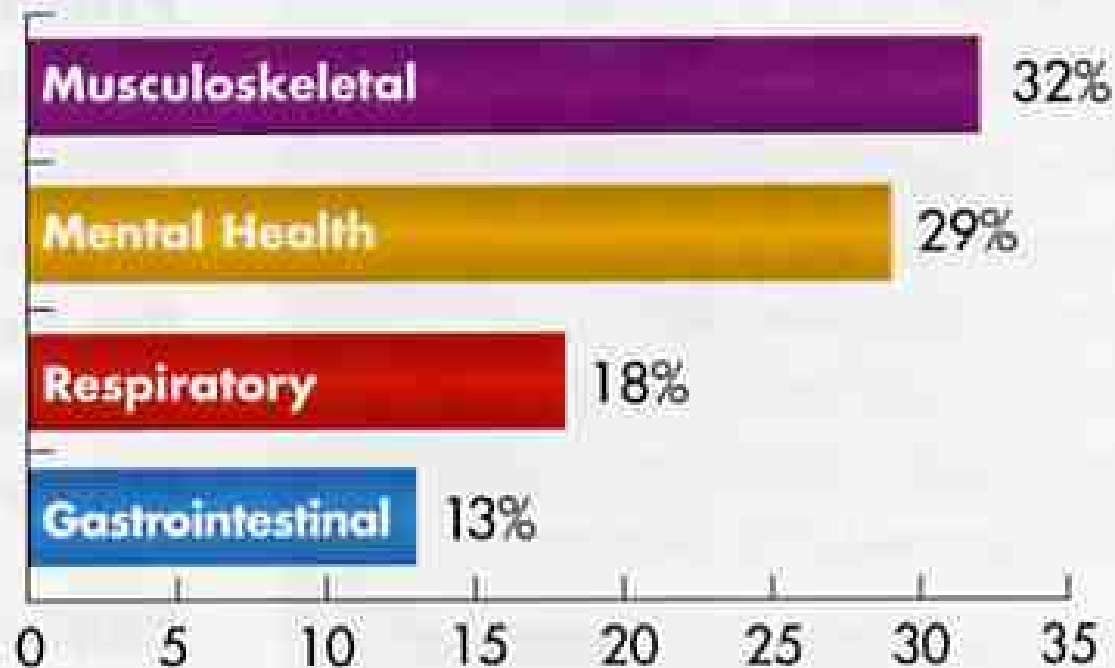


Source: National Center for Health Statistics, unpublished data.

Risk of Death Following Myocardial Infarction



Leading Reported Health Reasons for Lost Productivity (Absence and Presenteeism Combined)



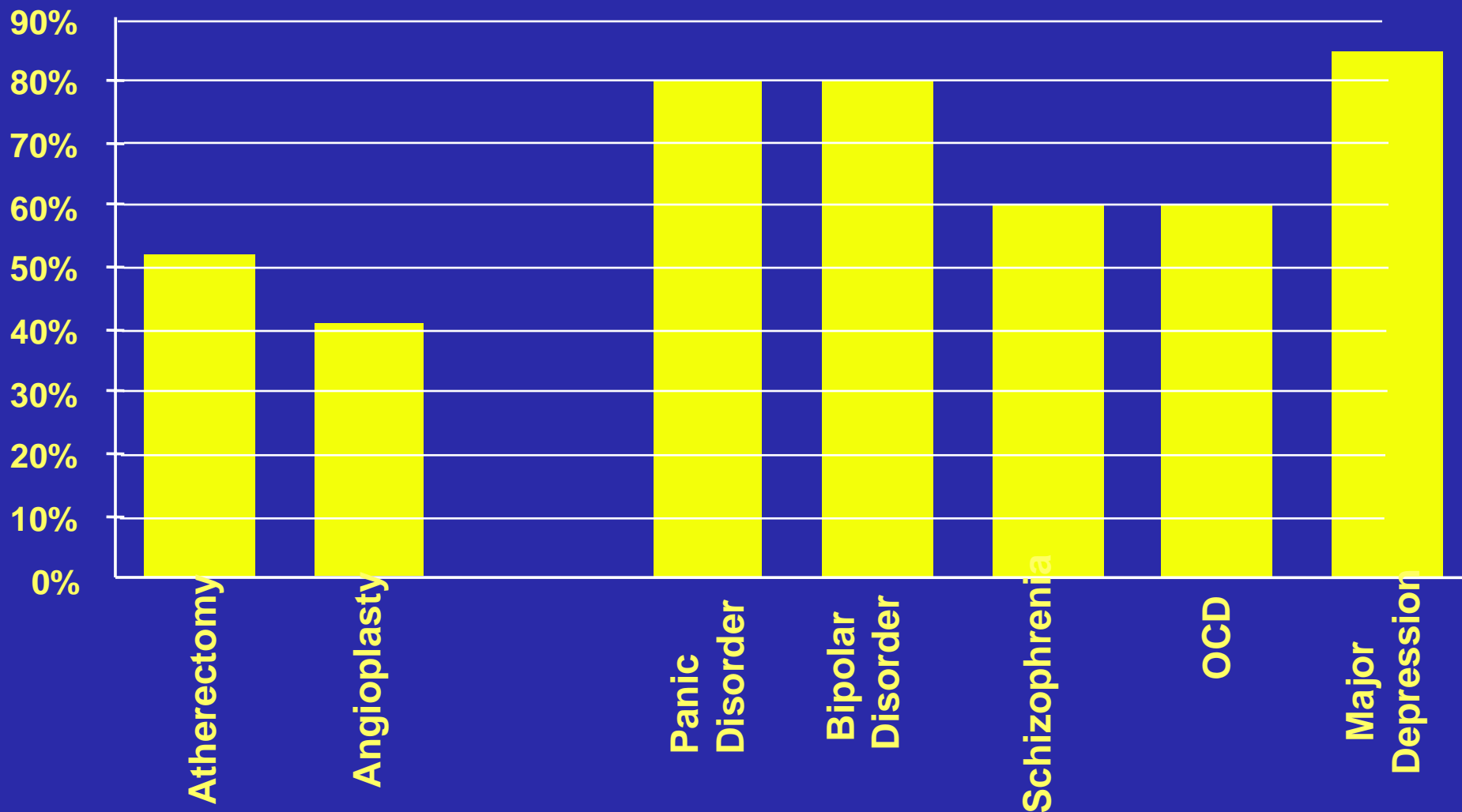
Number of Employers Ranking Condition in Top Three Reasons for Absence or Presenteeism

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Response to Treatment

APA, 1996

Primary Psychiatry Sept 1996



What is Mental Illness?

- **Substantial disorder of**
- **Thought, mood, perception, or memory**
- **Which grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life**

- **Does not include substance abuse**

Mental Illness:

- A. Mood disorder: depression and mania**
- B. Psychotic disorders: schizophrenia**
- C. Anxiety Disorders**
- D. Adjustment Disorders**
- E. Substance Use Disorders**
- F. Personality Disorders**
- G. Behavior or mood problems caused by other neurological or medical illness**

Mood (Affective) Disorders

Depression

- Sleep disturbance
- Sad mood
- Low energy
- Suicidal
- Guilt
- Hopelessness
- Anhedonia

Mania

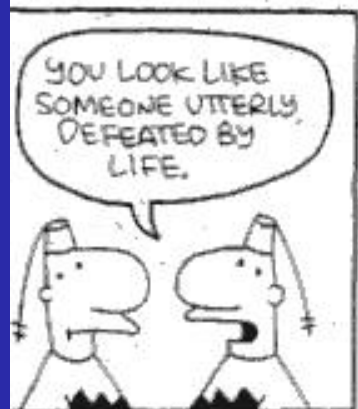
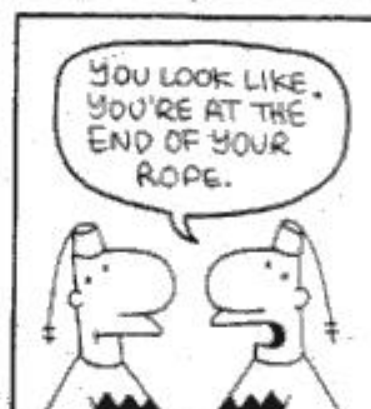
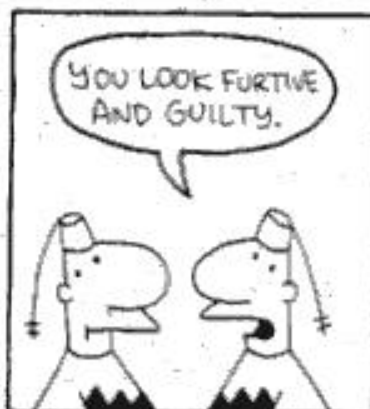
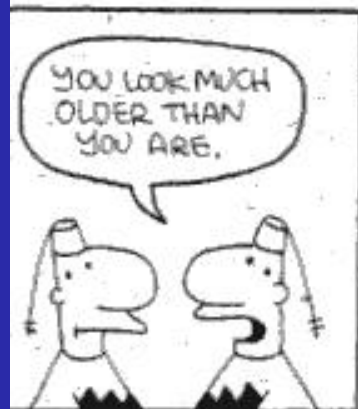
- Decreased need for sleep
- Elation
- Hyperactivity
- Grandiosity
- Distractibility
- Irritability
- Psychosis

Depression:

- **Major Depression**
- **Dysthymia**
- **Bipolar or Manic Depressive Disorder**
- **Adjustment Disorder**
- **Grief**
- **Seasonal Affective Disorder**
- **Secondary to medical illness**
- **Secondary to other mental illness**

LIFE IN HELL

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New Generation Antidepressants

SSRI

Prozac (fluoxetine)	long half-life, now generic (inexpensive)
Luvox (fluvoxamine)	approved for OCD
Paxil (paroxetine)	more anticholinergic effects
Zoloft (sertraline)	fewer drug-drug interactions
Celexa (citalopram) and Lexapro (escitalopram)	

Mixed NE + 5HT reuptake blocker

Effexor (venlafaxine) and Effexor XR
Cymbalta (duloxetine)

Dopamine reuptake blocker

Welbutrin (bupropion) **few sexual side effects, activating**

Presynaptic effects on NE and 5HT

Remeron (mirtazapine) **sedation, weight gain, few sexual side effects**

New Generation Antidepressants

- **Not addicting**
- **Not subject to abuse**
- **Generally better tolerated**
- **Relatively safe in overdose**

All Medication Have Side Effects

Ex: SSRIs (Prozac type medications) can cause:

- Sexual side effects**
 - Headaches**
 - Nausea**
 - Weight Gain**
 - Can precipitate mania**
- Always a balance between benefits and risks**
 - All medications take time to work**

Non-Pharmacological Treatments of Depression

- Exercise
- Cognitive/behavioral therapy
(Mind over Mood)
- Interpersonal Therapy

Mania

- **Pressured speech and thinking**
- **Markedly increased energy**
- **Grandiosity**
- **Irritability**
- **Impulsivity, spending \$, driving too fast, hypersexual**
- **Psychosis: break with reality**
- **Extremely poor judgment**

Hypomania:

- **Similar to mania, but not as severe**
- **Can have irritability, decreased sleep, increased energy, talking and thinking faster than normal**
- **Can be pleasurable, or productive, but can also get out of control**
- **Problems often identified by friends and family, and minimized by patient**

Mania [manic-depression or bi-polar]

People can learn to predict and control mood swings

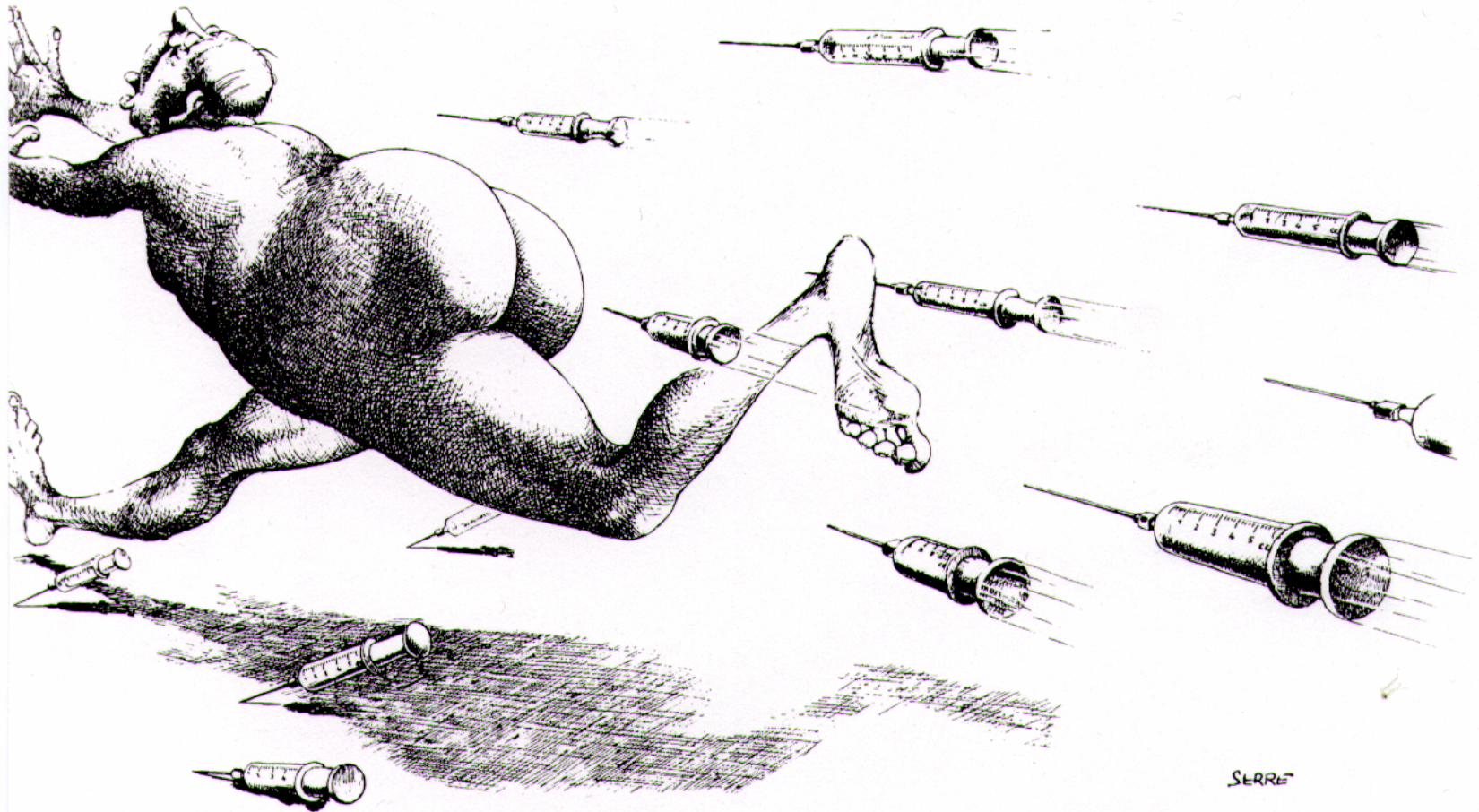
- **Mood stabilizers: [more effective for the “up” than the “down”]**
 - **Lithium**
 - **Depakote (sodium valproate, valproic acid)**
 - **Tegretol (carbamazepine)**
- **Antipsychotic medication**
 - **Newer 2nd generation are all true mood stabilizers**
- **Additional treatment often needed for bipolar depression**

Schizophrenia

- **Positive Symptoms:**
 - **Hallucinations**
 - **Delusions**
- **Negative Symptoms**
 - **Decreased spontaneity, motivation, persistence**
- **Cognitive Deficits**
 - **Verbal Memory Deficits**
 - **Executive Function Deficits**

Schizophrenia: Outcomes

- **Can the person live outside of the hospital?**
 - Discharge rates
- **Can the person be stable outside of the hospital?**
 - Readmission rates
- **Can the person live independently?**
 - Independent living--outside of group homes
- **Can the person function better”**
 - Functional--Activities of Daily Living
- **Can the person recover?**
 - have a life that is more than just being ill



SERRE

Atypical Antipsychotics

- **clozapine** (Clozaril)
- **risperidone** (Risperidone)
 - Long acting injections of risperidone called **Consta**, taken every two weeks
- **olanzapine** (Zyprexa)
- **quetiapine** (Seroquel)
- **ziprasidone** (Geodon)
- **Aripiprazole** (Abilify)

Schizophrenia:

Medications alone are never enough

Problems of a persistent, relapsing illness:

- **Support in meeting basic needs**
- **Crisis intervention**
- **Skill Training**
- **Emotional Support**
- **Support for families**

Anxiety Disorders

- 1. Panic** : discrete, severe anxiety attacks
- 2. Phobias**
 - Agoraphobia
 - Social Phobia
- 3. Obsessive-Compulsive Disorder**
- 4. Post Traumatic Stress Disorder: PTSD**
 - Acute stress disorder
- 5. Generalized Anxiety Disorder**
- 6. Adjustment Disorder with Anxiety**

Cognitive Behavioral Therapy: CBT

- **You cannot control how you feel, but you can control what you think about, and this can influence how you feel**
- **Anxiety or depression tend to focus your thoughts on negatives that exaggerate these negative feelings**
- **CBT teaches way to take control on what you think about**

Alcohol and Drug Abuse

Cage Questions:

- Have you ever felt the need to **Cut down on drinking?**
- Have you ever felt **Annoyed by criticisms of drinking?**
- Have you ever had **Guilty feelings about drinking?**
- following symptoms including either depressed mood or loss of interest or pleasure. Have you ever taken a morning **Eye opener?**



"I try to keep my coffee buzz going till the Martini buzz kicks in."

Substance Use Disorders: Dependence and Abuse

- **Treatment works (most of the time to some extent and some of the time completely)**
- **Coercion and external pressure can be helpful**
- **Needs to be individualized: one size does NOT fit all**
 - **AA and other self-help**
 - **Group, information, pattern recognition**
 - **Relapse prevention**
 - **Specific treatment for primary mental illness**

Personality Disorder

- A. Pervasive, persistent maladaptive behavior**
 - Not attributable to Axis I**
 - Medical illness**
 - Or cultural role difficulties.**
- B. We all have different ways of protecting ourselves**
- C. We all have bits and pieces of effective as well as maladaptive behavior**
- D. Any label gives very incomplete information**

Personality Disorders:

Some personality disorders more treatable than others

Some people more treatable than others

Treatment usually requires ongoing effort over time

Jails and prisons become place of last resort for people who do not follow societal rules