Recognizing and Recovery:

The Big Four
Major Mental Illnesses

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Characteristics of Mental Illness

Curriculum Objectives

As a result of this training, participants will:

1. Understand the causes and prevalence of four major mental illnesses,
2. Recognize the symptoms of severe anxiety disorders and clinical depression, bipolar disorder and schizophrenia,
3. Understand why persons may dislike medications and mental health treatment,
4. Become sensitized to situations involving persons with mental illness, and learn strategies for effectively, compassionately and safely managing situations,
5. Develop skills for establishing rapport and communicating with people with mental illness.

Lesson Plan

1. **Myths of Mental Illness**
3. **Symptoms and Treatment of Anxiety Disorders**
4. **Symptoms and Treatment of Clinical Depression**
5. **Symptoms and Treatment of Bipolar Disorder**
6. **Symptoms and Treatment of Psychosis**
7. **Questions and Comments**

Symptoms and Side Effects of Mental Illness and It's Medications

Hallucinations

Visual and *auditory are* the most common but can affect any of the senses
Usually, violent images and/or critical voices chanting distressing messages

Speech

A push of speech, i.e., speech so rapid it is difficult to understand
Made-up words, e.g., *eternal ever*
Incoherent words or phrases
The rhyming of words, e.g., "My name is Sam, dam, ham, lamb, bam…"
Repeating words or phrases spoken by others
*Slurred or monotonous speech
Muttering or talking to oneself
Suicidal, homicidal, or self-mutilating verbalizations

Facial Expression

Lack of awareness/reaction to surroundings
Inappropriate reaction to a situation, e.g., laughing hysterically when told a loved one is dead
Rapid, abrupt changes in expression and mood
*Dazed or disoriented expression
Poor eye contact or fluttering of eyelids
*Intense anxiety, agitation, or euphoria
*Unusual facial tics/twitches
*Involuntary lip-smacking and tongue-rolling

Motor Behavior

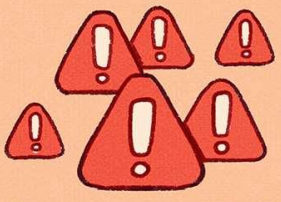
Stereotypic, repetitive, purposeless mannerisms, e.g., twisting a lock of hair
Repetition of movements made by others
*An extremely slow movement
*A movement that is restless or agitated
*Unusual gestures/tics/twitches of limbs
Bizarre posture or poses, e.g., standing with arms outstretched
Suicidal, homicidal, or self-mutilating gestures/attempts
*Lack of arm swing

Thinking Processes

False beliefs about oneself/world persist even when presented with evidence to the contrary
Paranoid or grandiose beliefs about one's experience/abilities
Belief one is receiving messages from others (TV, radio, media)
Belief one's thoughts are being tampered with, e.g., inserted or taken out by others
Flight of ideas, i.e., racing from one topic to another
Jumping from topic to topic with little/no connection to the subject matter
Interruption in the train of thought before the thought is completed
Excessive/irrelevant details/metaphors given in response to questions
Disorientation to person, place, and time
Impaired judgment and lack of insight

***Indicates possible <u>side effect</u> of medication, as well as a <u>symptom</u> of mental illness**

Signs of an Anxiety Disorder



Frequent worry that interferes with daily life

Withdrawal from social life

Fixation on fear of next panic attack

Irrational fear and avoidance of a harmless object, place, or situation

Out-of-the-blue panic attacks

Recurring nightmares, flashbacks, or numbing of past trauma

Therapeutic Lifestyle Change Theory: Natural Treatments for Prevention of Depression
K.U. Psychologist and Researcher from "The Depression Cure"
by Dr. Stephen Ilardi, PhD

Exercise
Three times a week get 35 minutes of aerobic exercise. Aerobic exercise is anything like running, walking fast, biking, or playing basketball that gets your heartrate elevated to about 120-160 beats per minute. Anaerobic exercise (like yoga or weightlifting) is better than nothing, but the strongest antidepressant effects have been observed from aerobic exercise. Lots of people report that finding a regular exercise partner and routine helps them stay motivated.

Omega-3 fatty acid supplements
You can buy these at a drugstore or health food store. Look for a brand that will give you 1000 mg of EPA and 500 mg of DHA per day. This is the amount that has been shown in studies to be beneficial to people with depression. You can take these even if you are on antidepressant medication; there are no known interactions with drugs. The only side effects our patients have reported are that they sometimes burp up a fishy taste after taking them. Solutions to this problem are to freeze the pills and take them right before a meal. If all else fails, there is a liquid form available that some people prefer.

Light Exposure
This element of the protocol is most helpful to people who notice that there is a seasonal component to their depression. We recommend that people get at least 30 minutes of bright light exposure per day. You can actually go outside in the sun (take off the sunglasses, but leave on the sunscreen!) or get light exposure from a special light box that emits the same amount of light (10,000 lux).

You can try www.LightTherapyProducts.com to order a light box; a good one costs around $170. You should try to get light exposure at the same time every day. Some people like to sit by it while they eat breakfast and read the paper. Some like to sit by it while they read or study in the evening. Experiment to see what works best for you. And don't miss a day of light exposure if you can help it. This is something that will only work for you cumulatively if you are consistent!

Anti-rumination Strategies
Rumination is the habit that many depressed people get into of dwelling on their negative thoughts. Rather than coming up with a solution to a problem and acting on it, people with depression often let their negative thoughts spiral out of control. It is important to recognize rumination for what it is and put a stop to it immediately. Rumination only makes peoples' moods worse. When you find yourself doing it, do one of these things: call a friend, exercise, write down the negative thoughts in a journal, or do some other pleasant activity (like knitting, reading, or another hobby).

Social Support
You have probably noticed that as you get more depressed, you are less motivated to seek out others for socializing. You must try to spend as much time as possible with others. This is a powerful way to distract yourself from rumination and get you the support you need.

Sleep Hygiene
You need to get 8 hours of sleep per night. One of the biggest risk factors for depression is sleep deprivation. Go to sleep and wake up at the same time every day. Prepare yourself for bed by having a "bedtime ritual". Dim the lights, turn off the TV and computer, put on your PJs, and do a quiet activity like read. Avoid caffeine and alcohol for several hours before you plan to go to bed.

BIPOLAR DISORDER

THE HIGHS

- Over-excitement
- Restlessness
- High Sex-Drive
- More impulsive
- High Sex drive
- Making unrealistic plans
- Becoming more impulsive
- Drug and alcohol abuse
- Poor concentration

SYMPTOMS

Two "Poles" of Bipolar Disorder

THE LOWS

- Sadness
- Insomnia
- Thoughts of suicide or attempting suicide
- Uncontrollable crying
- Changes in Appetite
- Loss of energy
- Trouble concentrating
- Trouble making decisions

Signs & Symptoms of Schizophrenia

Positive Symptoms

Hallucinations

Delusions

Disorganized speech and thoughts

Negative Symptoms

Anhedonia

Avolition

Blunted affect

Cognitive Symptoms

Memory issues

Inability to process social cues

Impaired sensory perception

verywell

National and State Statistics on Mental Illness

- 1 in 5 Americans will have a diagnosable mental health condition in any given year.
- 50% of Americans will meet the criteria for a diagnosable mental health condition sometime in their life.
- Half of those people will develop conditions by the age of 14

Anxiety:

32.3% of US citizens experience elevated anxiety in 2023

- Ages 18-24=49.9%
- Ages 25-49= 38%
- Ages 50-64= 29.3%
- Ages 65+= 20.1%

The analysis of the Census Bureau's Household Pulse Survey finds that half (50%) of adults ages 18-24 reported anxiety and depression symptoms in 2023, compared to about a third of adults overall in the US.

https://www.kff.org/coronavirus-covid-19/press-release/latest-federal-data-show-that-young-people-are-more-likely-than-older-adults-to-be-experiencing-symptoms-of-anxiety-or-depression/#:~:text=Nearly%204%20in%2010%20(39.3,health%20crisis%20in%20the%20U.S..

Depression:

About 21 million adults in the U.S. (8.4%) have experienced a major depressive episode

- 280 million people worldwide live with depression, according to the WHO
- 29% of Americans have been diagnosed with depression during their lifetime
- Kansas is #11 in major depression diagnosis in the US (about 5%)
- Missouri is #16 in major depression diagnosis in the US (about 5%)

Depression Statistics (2023) – Forbes Health

- In KCMO and KCK anxiety rates spiked from 8.1% in 2012 to 25.6% in 2021

Kansas City Star: Rates of depression, anxiety are rising among KC kids (children's mercy.org)

- 36.5% of adults in KS reported symptoms of anxiety or depression

KansasStateFactSheet.pdf (nami.org)

Bipolar Disorder:

4.4 % of US adults experience BP

- 2.8% of the adult population
- Average age of onset is 25

NIMH » Bipolar Disorder (nih.gov)

Schizophrenia:

- 1 in 300 worldwide have a diagnosis for Schizophrenia
- 0.25-0.64% of US adults have a diagnosis
- Age of onset is early 20s for men and late 20s for women

What is Schizophrenia? | NAMI: National Alliance on Mental Illness

Stigma: Language Matters

"You finally decide to get help, and then you're punished for it – pigeonholed into a diagnosis, shamed, labeled, and discriminated against for life. The stigma can be worse than the illness."

Stigma is about disrespect:

- *It hurt, punishes, and diminishes people.*
- *It harms and undermines all relationships.*
- *It appears in behavior, language, attitude, and tone of voice.*
- *It happens even when we don't mean it.*

Disrespectful Language	***Respectful Language***
Crazy, lunatic, deficient, loony, psycho, etc.	*Person with mental health condition*
Manic-Depressive	*Person with bipolar disorder*
Schizophrenic	*Person who has schizophrenia*
Handicapped person	*Person with a disability*
Slow, low-functioning	*Person who has cognitive difficulties*
Normal	*Non-disabled person*
Committed suicide	*Died from suicide*

Communicating with Persons with Mental Illness

Communicating effectively does not solve all problems or make your relative or friend well. It will usually make things better, but it won't make as much difference as you intend. Therefore it is important to understand the specific ways to communicate with the individual you are talking to because it varies from person to person. This same concept can be translated into effectively communicating with a person who has a mental illness or is in a time of crisis.

In general, it is a good idea to make positive requests in a direct, pleasant, and honest way. Requests and demands are NOT the same thing. A demand, specifically directed toward a person with a mental illness, can be ineffective and not received well. In some cases it could escalate the situation rather than de-escalate it. A request can build cooperative relationships in which each person's contributions are respected and valued.

Here are some ways to facilitate positive requests:

Person with Mental Illness	**So You Need to…**
Have trouble with reality	Be simple, and truthful
Are fearful	Stay calm
Are insecure	Be accepting
Have trouble concentrating	Be brief, repeat
Are over-stimulated	Limit input, not force conversation
Easily become agitated	Recognize agitation, allow escape
Have poor judgement	Not expect rational discussion
Are preoccupied	Get attention first
Are withdrawn	Initiate relevant conversation
Have changing emotions	Disregard
Have changing plans	Keep to one plan
Have little empathy for you	Recognize this as a symptom
Believing delusions	Ignore, don't argue
Have low self-esteem & motivation	Stay positive

Intervention Strategies

Assume and maintain a calm, controlled demeanor. Keep your body relaxed. Be aware of your body language. Make eye contact and be aware of body language**.** Like others, people with mental illness sense your discomfort. Look people in the eye when speaking to them. Maintain a relaxed posture.

Offer to shake hands when introduced. Always use the same good manners in interacting with a person who has a psychiatric disability that you would use in meeting any other person. Shaking hands is a uniformly accepted and recognized signal of friendliness in American culture. A lack of simple courtesy is unacceptable to most people and tends to make everyone uncomfortable.

Maintain a calm, steady tone of voice. Be polite and matter-of-fact. Do not act shocked by what you might hear. Remember: it's not just what you say but also how you say it. Do not shout, threaten, or provoke. Reassure the person they're not in trouble and that you are there to help. Speak directly. Use clear, simple communication. Most people, whether or not they have a mental illness, appreciate it; and if someone is having difficulty processing sounds or information, as often occurs in psychiatric disorders, your message is more apt to be clearly understood. Speak directly to the person; do not speak through a companion or service provider.

Listen attentively. If a person has difficulty speaking, or speaks in a manner that is difficult for you to understand, listen carefully – then wait for them to finish speaking. If needed, clarify what they have said. Ask short questions that can be answered by a "yes" or "no" or by nodding your head. Never pretend to understand. Reflect what you have heard and let the person respond.

Treat adults as adults. Always use common courtesy. Do not assume familiarity by using a person's first name or by touching their shoulder or arm, unless you know the person well enough to do so. Do not patronize, condescend or threaten. Do not make decisions for the person or assume their preferences.

Respect personal space. Try to maintain a minimum distance of two feet. Do not corner or rush them, especially if the person is paranoid. If you must touch the person, ask permission first. If this isn't possible, tell the person where you are going to touch them and for what purpose.

Use the name of the person frequently, especially if you are having trouble keeping their attention. Even the most psychotic person will usually respond to their name.

Ask one question or give one command at a time. Be concrete; repeat if necessary. Do not use professional jargon or elitist vocabulary.

Use closed-ended questions if the person has trouble with attention or you need to get specific information, e.g., "Heather, are you having thoughts of wanting to hurt yourself?" or "Heather, are you taking medication?" Question family members whenever possible.

Encourage the person to sit down and take a few deep breaths if they appear to be hyperventilating or very anxious.

Ask about hallucinations and medications, e.g., "What are the voices saying to you, Jim?" Fluttering eyelids, lack of response, or poor eye contact may indicate visual or auditory hallucinations. The only way to know for certain is to ask.

Do not give unsolicited advice or assistance. If you offer any kind of assistance, wait until the offer is accepted then listen to the person's response and/or ask for suggestions or instructions. Do not panic or summon an ambulance or the police if a person appears to be experiencing a crisis. Calmly ask the person how you can help.

Acknowledge the person's feelings rather than ignore them, e.g., "Sue, I can see you are very upset." Validating feelings can also enhance rapport, e.g., "I'd probably be mad too if my neighbor called the police on me, but let's try to straighten out what's happened."

Keep interactions reality-based. Orient the client to person, place, and time, e.g., "James, do you know where you are? Do you know what the date is? Do you know who I am?"

Set clear, concise limits on behavior without being punitive or threatening, e.g., "Brian, I know you're scared about going back into the hospital, but I need to take you to the emergency room."

Offer referral numbers such as the 988 suicide/crisis hotline number or a local mental health center.

Do not blame the person. A person who has a mental illness has a complex, bio-medical condition that is sometimes difficult t control, even with proper treatment. A person who is experiencing a mental illness cannot "just shape up" or "pull himself up by his own boot straps." It is rude, insensitive and ineffective to tell or expect a person to do so.

Relax. The most important thing to remember in interacting with people who have mental illnesses is to BE YOURSELF. Do not be embarrassed if you happen to use common phrases that seem to relate to a mental illness, such as "I'm crazy about him" or "This job is driving me nuts." If you are afraid you made a faux pas, ASK the person how they about what you have said. Chances are, you'll get a flippant remark and a laugh in answer.

See the PERSON. Beneath all the symptoms and behaviors someone with a mental illness may exhibit, this is a person who has many of the same wants, needs, dreams and desires as anyone else. Don't avoid people with mental illnesses. If you are fearful or uncomfortable, learn more about mental illness. Kindness, courtesy and patience usually smooth interactions with all kinds of people, including people what have a mental illness. Treat people will mental illnesses as you would like to be treated yourself.

Excerpt from the Advocacy Network Newsletter