Serious Mental Illness
&
Management Techniques

I. Mental Illness – what is it?
   a. Brain disorder that disrupt a person's
      i. Thinking/Judgment
      ii. Feeling/mood
      iii. Social interactions and ability to relate to other
      iv. Daily functioning

II. Categories of Mental Illness
   a. Psychotic Disorders
      i. Schizophrenia
         1. Characteristic symptoms
            i. Hallucinations
            ii. Delusions
            iii. Disorganized speech
            iv. Grossly disorganized or catatonic behavior
            v. "negative" symptoms
            vi. Flattened affect
            vii. Poor self-care
            viii. Latent responses or lack of speech (alogia)
         2. Sub-types (no longer in DSM V)
            i. Paranoid
            ii. Disorganized type
               i. Disorganized speech, behavior
               ii. Flat or inappropriate affect
            iii. Catatonic type
               i. Motoric immobility
               ii. Excessive non-purposeful motor activity
               iii. Echolalia
               iv. Echopraxia
      ii. Delusional Disorder
         1. Believing something that isn't true (being followed, poisoned, infected, loved at a distance, deceived by a lover, or having a disease)
         2. Tactile or olfactory hallucinations related to delusional theme
         3. Functioning is not markedly impaired
      iii. Substance Induced Psychotic Disorder

b. Mood Disorders
    i. Bi-polar Disorder
        1. Mania and Depression
        2. Mania symptoms
            i. Inflated self-esteem or grandiosity
            ii. Decreased need for sleep
            iii. Pressure of speech
            iv. Flight of ideas
            v. Distractibility
            vi. Increase in goal-directed activity or psychomotor agitation
            vii. Excessive involvement in pleasurable activities with a high potential for painful consequences
    ii. Depressive Disorder
        1. Depressed mood
        2. Anhedonia
        3. Significant weight fluctuation
        4. Sleep disturbance
        5. Psychomotor agitation or retardation nearly every day
        6. Fatigue or loss of energy
        7. Feelings of worthlessness, excessive or inappropriate guilt
        8. Suicidal ideation

c. Anxiety Disorders
    i. Panic Disorder
    ii. Specific Phobia
        1. Situational type (flying, closed spaces, bridges, etc.)
        2. Natural environment type
        3. Animal type
    iii. Social Phobia
        1. Social or performance situations
    iv. Generalized Anxiety Disorder
        1. Excessive worry and anxiety that is difficult to control
        2. Cause significant distress to include physical symptoms

d. Obsessive-Compulsive Disorder
        1. Obsessions
            i. Recurrent and persistent thoughts, impulses, or images
                i. Experienced as intrusive
                ii. Cause marked anxiety or distress

2. Compulsions
    i. Repetitive behaviors that person feels driven to perform in response to an obsession
        i. Cause marked anxiety or distress
        ii. Significantly interferes with normal routine

III. Posttraumatic Stress Disorder (PTSD)
a. Exposure to a traumatic event
b. Response to event involves intense fear, helplessness, or horror
c. Traumatic event is persistently re-experienced
d. Persistent avoidance of stimuli associated with the trauma
e. Persistent symptoms of increased arousal
    1. Sleep disturbance
    2. Irritability or outbursts of anger
    3. Difficulty concentrating
    4. Hypervigilance
    5. Exaggerated startle response

IV. Acute Stress Disorder
a. Similar to PTSD but occurring within 4 weeks of traumatic event and lasting no more than 4 weeks

V. Disruptive or Impulse-Control Disorders
a. Intermittent Explosive Disorder
    1. Recurrent behavioral outbursts representing a failure to control aggressive impulses
    2. Degree of aggressiveness expressed during episodes is grossly out of proportion to any precipitating psychosocial stressors

VI. How do you "contract" Mental Illness?
a. Genetics
b. Brain Injury
    i. Acquired
    ii. Traumatic
c. Adverse Childhood Experiences
    i. Predisposition of vulnerability
d. Life situations/impacts

VII. Can Mental Illness be treated – is there a cure?
a. All conditions are treatable
b. Severe and persistent conditions may not experience a "cure"
    i. Focus on *Recovery* and *Resilience*

VIII. How do we intervene?
   a. Getting from Point "A" to Point "B"
      i. Don't attempt to "fix", but do try to assess and manage safely
   b. De-escalation techniques
      i. Listen and acknowledge without judgment

IX. Strategies for working with a person with active symptoms
   a. Use a passive, friendly and low-key approach
      i. Use first name
      ii. Speak slowly, softly with calm voice
      iii. Use simple sentences
         1. don't ask complex or abstract questions
         2. don't give complicated directions
      iv. Minimize confrontation or challenges
      v. Provide structure
         1. What is going to happen and when
   b. Never demean or make fun of someone behaving strangely
   c. Don't allow others to harass or exploit
   d. Don't argue or say perceptions are not real
      i. Delusions or hallucinations are very real for them
      ii. May state that you are not hearing the voices
   e. Ask directly what the voices are saying in neutral and straightforward manner
   f. Statements of potential suicide require follow-up questions
      i. "How would you do it?"
      ii. "When would you do it?"
   g. Delusions may be incorporated into everything in their environment
      i. Perceive themselves as being at the center of a world
   h. Maintain safe distance and do not block egress

X. Strategies for Crisis Intervention
   a. Remove the person from the scene of the crisis if possible
   b. Maintain safe distancing and positioning
   c. Try to secure the person's attention in non-threatening way
      i. Use their first name; Speak softly, slowly and calmly
   d. Check their perception of reality
      i. "What do you hear/see?"
   e. Establish rapport, a connection
      i. Use normal, calm tone of voice
      ii. Acknowledge what you see/hear
   f. Explain your perception of reality WITHOUT denying theirs
   g. Try to move toward a short-term resolution (move from point "A" to point "B")