Overview of all of Mental Illness

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

Range of Psychiatric Disorder

- Psychotic disorders: schizophrenia
- Mood disorder: depression and mania
- Anxiety Disorders: panic, phobias, generalized anxiety
  - OCD and related disorders
  - PTSD and trauma related disorders
  - Dissociative disorders
- Personality Disorders
- Dementia/Delirium
- Substance Use Disorders
- Behavioral Changes Associated with Medical Illness

People With Major Mental Illness Die 25 Years Younger than the General Population

Odds Ratio of Dying if You Have A Major Mental Illness

Source: Joseph Parks, Missouri Department of Mental Health
Depression: what is it?

Illness of the entire body and brain

Not just a  blue mood

- Changes in Thinking
  - Decreased concentration, decision making, memory
- Changes in Feeling
  - Sad, loss of ability to feel pleasure, helplessness, hopeless
- Changes in Behavior
  - Social withdrawal, tearfulness, anger, decrease self-care
- Changes in Physical health

Depression: How does it feel?

...instead of pleasure I was feeling in my mind a sensation close to, but indescribably different from actual pain...

...if the pain were readily describable the countless sufferers from this ancient affliction would have been able to confidently depict for their friend and loved ones (even their physicians) some of the actual dimensions of their torment

For myself, the pain is most closely connected to drowning or suffocation but even these images are off the mark

Darkness Visible: Memoir of William Styron

Depression:

It is a positive and active anguish, a sort of psychical neuralgia wholly unknown to normal life

William James: The Varieties of Religious Experience

Suicide Assessment

- Ask about suicide directly
  
  Do you think about being dead?
  
  Do you think about killing yourself?
  
  How close have you come? Have you ever made any preparations?
CIT Training: Overview and Affective Disorder

Ronald J Diamond M.D.

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

Depression
- Is it new, or ongoing?
- Is it connected to a life event, or has a life of its own?
- Has it been connected to suicidal or other dangerous behavior: risk assessment?
- Is the person in treatment?
- What has worked, and what has not?
- Are drugs or alcohol involved?
- Is brief treatment intervention likely to be useful?

Treatment of depression: non-medication
- Environmental change/ deal with crisis
- Increased social support
- Enhance problem solving/resiliency
- Sobriety
- Change internal tapes (cognitive behavior therapy)
- Work on interpersonal relationships
- Exercise
- Meditation/ mindfulness

Antidepressant Medications
- Most also useful for anxiety, panic, pain
- Not addictive, not abuseable, generally pretty safe

Most Common
- SSRI/SNRI: fluoxetine [Prozac], duloxetine [Cymbalta]
- Presynaptic: mirtazapine [Remeron]
- Bupropion [Wellbutrin]
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Mood Shifts

Goal is to decrease frequency and intensity of mood shifts
Increase life stability

Mood Shifts

Mood (Affective) Disorders

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<thead>
<tr>
<th>Depression</th>
<th>Mania</th>
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<td>- Sleep disturbance</td>
<td>- Decreased need for sleep</td>
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<td>- Sad mood</td>
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The Prevalence of Bipolar Disorder

Estimated Prevalence in the US

| Bipolar I | .5%–1.0% |
| Bipolar II | .5%–1.1% |
| Females | Males |

Disease onset at 15 to 24 years of age, but accurate diagnosis may take 5 to 10 years


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Symptom Domains of Bipolar Disorder

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<tr>
<th>Manic Mood and Behavior</th>
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<td>Anxiety</td>
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<td>Pressured speech</td>
<td>Irritability</td>
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<td>Impulsivity</td>
<td>Hostility</td>
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<td>Excessive libido</td>
<td>Violence</td>
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<td>Recklessness</td>
<td>Suicide</td>
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<tr>
<td>Social intrusiveness</td>
<td>Cognitive Symptoms</td>
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<td>Diminished need for sleep</td>
<td>Racing thoughts</td>
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<tr>
<td>Delusions</td>
<td>Distractibility</td>
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<tr>
<td>Hallucinations</td>
<td>Flight of ideas</td>
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<td>Inattention</td>
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Mania [manic-depression or bi-polar]

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
- Family psycho-education/ social rhythm, sleep stabilization

Bipolar: More Time Depressed than Manic Ratio of Depressive Vs. Manic Time

Judd et al. 2002
Problems with treatment of Bipolar Depression
- Standard mood stabilizers much more effective treatment for high than for low
- Antidepressants can precipitate manic episode, or increase mood lability
- Antidepressants may be less effective in bipolar depression

Treatment of Bipolar Depression
- Lamotrigine (Lamictal)
- Atypical Antipsychotics—some
- Lithium: probably
- Antidepressants—maybe

Adjunctive Group Psychoeducation
Randomized, single-blind trial, 21 weeks of treatment

Psychosocial Interventions for Bipolar
- Sleep stabilization
- Early relapse recognition
- Rescue plans
- Involvement of collateral supports
- Use of Regular Structure and exercise
- Cognitive Behavior Therapy