Introduction to Mental Health

Mental Health Diagnoses
- Anxiety Disorders
- Trauma-and-Stressor-Related Disorders
- Disruptive, Impulse-Control, and Conduct Disorders
- Schizophrenia Spectrum and Other Psychotic Disorders
- Bipolar and Related Disorders
- Personality Disorders
- Neurodevelopmental Disorders

Diagnoses do not define the person
- Abraham Lincoln
  - Depression
- Albert Einstein
  - Speculated Dyslexia
- Barbara Streisand
  - Social Phobia
- Billy Joel
  - Alcohol and Depression
- Catherine Zeta-Jones
  - Bipolar II
- George Washington
  - Learning Disability
- Howie Mandel
  - OCD
- John Nash
  - Schizophrenia
- John Madden
  - Specific Phobia – flying
- Sir Elton John
  - Bulimia Nervosa, Substance Abuse

Anxiety Disorders

Signs / Symptoms
- Panic Attacks (i.e. palpitations, sweating, shaking, shortness of breath, chest pain, nausea, dizziness, etc.)
- Phobias (i.e. social interactions / crowds, open / closed spaces, bugs, animals, etc.)
- Excessive worry / apprehension
- Restlessness
- Irritability
- Muscle tension
- Sleep disturbances

Common Medications
- SSRI's
  - Fluoxetine, sertraline, paroxetine, citalopram, escitalopram, vilazodone, vortioxetine
- SNRI's
  - Duloxetine, venlafaxine, desvenlafaxine, levomilnacpran
- BENZODIAZEPINES
  - Alpraxolam, lorazepam, clonazepam, diazepam

Depressive Disorders

Signs / Symptoms
- Temper outbursts / agitation / verbal & physical aggression
- Diminished pleasure (i.e. feels sad, hopeless, empty)
- Fatigue / lethargy
- Appetite / weight changes
- Sleep disturbances
- Decreased focus / concentration
- Recurrent thoughts of death
- Decreased personal hygiene / Self-Care

Common Medications
- SSRI's
- SNRI's
- TRICYCLIC ANTIDEPRESSANTS
  - Amitriptyline, imipramine, nortriptyline, desipramine
- OTHERS
  - Mirtazapine, trazodone, MAOI's
Black Dog

Trauma and Stressor Related Disorders

Signs / Symptoms
- Recurrent and intrusive memories of trauma event
- Nightmares
- Flashbacks
- Avoidance behaviors
- Depressive and/or anxious symptoms
- Arousal symptoms (i.e. sleep disturbance, irritability, hypervigilance, exaggerated startle response)

Common Medications
- Anti-anxiety Medications
- Depression Medications
- Prazosin (MiniPress)

Trauma and Stressor Related Disorders

Signs / Symptoms
- Flashbacks
- Avoidance behaviors
- Depressive and/or anxious symptoms
- Arousal symptoms (i.e. sleep disturbance, irritability, hypervigilance, exaggerated startle response)

Common Medications

Bipolar and Related Disorders

Signs / Symptoms
- Mania / hypomania (i.e. elevated/expansive mood, increased goal directed activity/energy, grandiosity, pressured speech, flight of ideas, distractibility, risky behaviors, irritability)
- Depression Symptoms (decreased pleasure, weight/appetite changes, sleep difficulties, feelings of worthlessness, fatigue, recurrent thoughts of death)

Common Medications
- MOOD STABILIZERS
  - Lithium, depakote, carbamazepine, oxcarbazepine, gabapentin, topiramate, lamotrigine
- ATYPICAL ANTIPSYCHOTICS
  - Clozapine, olanzapine, risperidone, ziprasidone, paliperidone, aripiprazole, haloperidol, iloperidone, brexpiprazole, cariprazine

Experience of a Manic Episode
## Disruptive, Impulse-Control, and Conduct Disorders

### Signs / Symptoms
- Verbal / physical aggression / outbursts that are not premeditated (i.e. impulsive &/or anger-based)
- Bullying / threatening / intimidating behaviors
- Cruelty to people and / or animals
- Criminal activity (i.e. destruction of property, theft, serious rule violations)

### Common Medications
- Mood stabilizers
- Anti-anxiety medications
- Depression medications
- Atypical Antipsychotics

## Schizophrenia Spectrum and Other Psychotic Disorders

### Signs / Symptoms
- Delusions (fixed beliefs despite conflicting evidence)
- Hallucinations (auditory, olfactory, tactile and / or visual)
- Disorganized thinking
- Disorganized or abnormal motor behavior
- Negative symptoms (i.e. diminished emotional expression / self-initiated activities / speech output / social interactions/ poor self-care)

### Common Medications
- TYPICAL ANTIPSYCHOTICS
  - haloperidol, fluphenazine, thioridazine, perphenazine, chlorpromazine, loxapine
- ATYPICAL ANTIPSYCHOTICS
  - risperdal, zyprexa, clozapine, olanzapine, aripiprazole, quetiapine, ziprasidone, asenapine

## Personality Disorders

### Signs / Symptoms
- Cluster A: Odd, eccentric thinking and / or behavior
- Cluster B: Dramatic, overly emotional, or unpredictable thinking and / or behavior
- Cluster C: Anxious, fearful thinking and / or behavior

### Common Medications
- Treat the symptoms, not the disorder
- Most often, treatment is psychotherapy / case management

## Personality Disorders Cluster B

### Signs / Symptoms
- Antisocial—Failure to conform to social norms with respect to lawful behaviors, as indicated by repeated illegal acts (think they are above the law), disregard for and looseness of social conventions and moral standards, deceitfulness (i.e. lying to connive for personal profit or pleasure), lack of guilt (i.e. harming others for personal profit or pleasure, consistent irresponsibility (failure to sustain consistent work or honor financial obligations), lack of remorse after having hurt or victimized another
- Borderline—Stimulus seeking to avoid real or imagined abandonment, pattern of unstable and intense interpersonal relationships, identity disturbance (inconsistent and impressionable self-image), impulsivity that results in failure to plan and consider consequences (e.g., sexual indiscretions, self-mutilation), recurrent suicidal behavior, gestures, threats or self-mutilation, chronic feelings of emptiness, inappropriate, intense anger or difficulty controlling anger
- Histrionic—Uncomfortable when not the center of attention, uses physical appearance to draw attention to self, demonstrates extreme self-dramatization, considers relationships mere means to an end that they are
- Narcissistic—Grandiose sense of self-importance, preoccupied with fantasies of unlimited success, power, brilliance, beauty, (being a “special” or “unique” person), belief that others are envious of them, shows arrogant, and haughty behaviors

## Neurodevelopmental Disorders

### Signs / Symptoms
- Several Exist - (Intellectual Disabilities, Autism Spectrum, ADHD)
- Most common: Attention-Deficit / Hyperactivity Disorder (ADHD)
  - Inattention (i.e. makes careless mistakes, difficulty sustaining attention, does not follow instructions, loses things, forgetful, forgets, forgets)
  - Hyperactivity / impulsivity (i.e. fidgets, becomes easily bored, difficulty remaining seated, difficulty waiting, difficulty remaining quiet, difficulty sustaining concentration)

### Common Medications
- Adderall
- Ritalin
- Vyvanse
- Intuniv
- Strattera

## Neurodevelopmental Disorders

### Signs / Symptoms
- Autism Spectrum Disorder-
  - Persistent deficits in social communication and social interaction
  - Deficits in social-emotional reciprocity, ranging (failure to initiate or respond to social interactions)
  - Deficits in nonverbal communicative behaviors (i.e. gazing at others’ eyes, facial expressions, body language)
  - Deficits in developing, maintaining, and understanding relationships
  - Repetitive patterns of behavior, interests, or activities
- Risperdal
- Zydis

### Common Medications
- Symptoms must be present in the early developmental period
- Symptoms are specific to each individual
Introduction to Mental Health

Substance-Related and Addictive Disorders

- Alcohol
- Cannabis
- Inhalants Sedative-, Hypnotic, or Anxiolytics
- Tobacco

- Caffeine
- Hallucinogens
- Opioids
- Stimulants

Substance Abuse Disorders – Common Factors

- Larger amounts, longer than intended
- Desire/unnecessary control of use
- Lots of time spent seeking
- Craving
- Led to failures in major roles
- Continued use after problems

- Reduced social activity
- Use where physically hazardous
- Continued use despite knowledge of persistent problems
- Tolerance
- Withdrawal

Alcohol and Drug Withdrawal

- Post Acute Withdrawal (PAW)
  - 7-14 after abstinence from substance
  - Peak intensity over 3-6 months after abstinence begins
  - Can occur for up to 10 years after stopping substance use
  - Symptoms often 'come and go' without apparent reason

- Symptoms of PAW
  - Inability to think clearly
  - Memory problems
  - Emotional overreactions / numbness
  - Sleep disturbances
  - Physical coordination problems
  - General problems in managing stress

Managing Post Acute Withdrawal Symptoms

- Encourage self-care
- Encourage participation in recovery program(s)
- Be aware of triggers / stressors
- Stress management (i.e. proper diet, exercise, regular habits, positive attitudes)
- Encourage talking / venting
- Assist in goal-setting / problem-solving

Why can’t you “just fix” AODA issues

- In the United States, individuals have the freedom to use substances

- Any system cannot force an individual into sobriety
  - The individual must want to engage in treatment in order for success and sustained sobriety to occur.

Managing Signs / Symptoms / Behaviors

- Take medications as ordered
- Encourage positive coping techniques:
  - Breathing (4, 7, 8)
  - Journaling
  - Exercise
  - Walking
  - Word puzzles, etc
  - Mindfulness
  - Reading
  - Meditation
  - Prayer
  - Go outside
  - Art
  - Talk with someone
### Wisconsin Chapter 51
- Wisconsin Statute that addresses Involuntary Detention due to Mental Health Crisis
- Must assess for likely Mental Health Dx
- Must assess that Mental Health Dx is treatable
- Must meet one of five standards of dangerousness
  - Imminent Dangerousness to Self
  - Imminent Dangerousness to Others
  - Imminent Dangerousness due to Impaired Judgement
  - Imminent Dangerousness due to inability to care for basic needs due to Mental Illness
  - Imminent Dangerousness due to incompetence to make treatment decisions and has a need for care and treatment, lacks services necessary for his/her health and safety and, if he/she is left untreated, and will suffer severe mental, emotional, or physical harm?

### Crisis Plans
- County’s response plans to help guide acute mental health crisis
- Effective only if:
  - Community partnerships and understanding exists
  - Written with a person-centered approach
  - Written in a trauma-informed approach