

**MENTAL HEALTH
AWARENESS**

EXPERIENCES OF WELLNESS AND RECOVERY

THRESHOLDS

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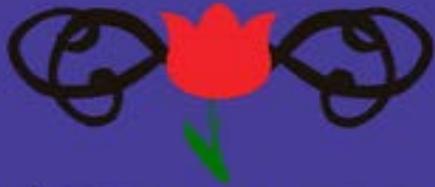
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*Stand Up
to STIGMA*



*LET'S TALK ABOUT
MENTAL ILLNESS*

www.messagesforhope.com

How can I go forward when
I don't know which way
I'm facing?

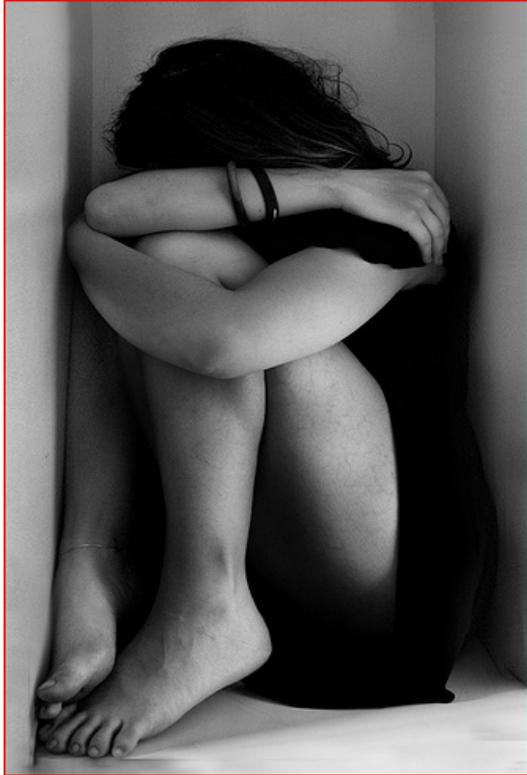
—John Lennon

WHAT WORDS OR PHRASES HAVE YOU HEARD ASSOCIATED WITH MENTAL ILLNESS?



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“People with mental illness frighten and embarrass us and so we marginalize people who most need our acceptance”.

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- ❖ **People with severe mental illnesses are often dangerous and violent.**
- ❖ **Split personality is the same as schizophrenia**
- ❖ **Medications are the only way to treat serious mental illness and people need to be on meds for the rest of their lives.**
- ❖ **Mental illnesses always run in families**

Common Myths About Mental Illness



Common Myths About Mental Illness



- ❖ **People with mental illnesses are lazy and lack motivation.**
- ❖ **People don't ever recover from serious mental illnesses.**
- ❖ **Mental illness and mental retardation are the same thing**
- ❖ **People with mental illnesses should never drink or use drugs.**
- ❖ **Mental illnesses are relatively uncommon.**

**“What mental health needs
is more sunlight, more candor
and more unashamed
conversation”**



WHAT IS MENTAL ILLNESS?

...a wide range of diagnosable psychiatric illnesses that impair a person's ability to *think, feel, and behave* in a manner that allows optimum functioning in day-to-day life...



Prevalence of Psychiatric Disorders

- ❖ **1 in 5** people in the United States will be diagnosed with a major mental illness at some point in their life
- ❖ **1 in 4** Americans have a 1st degree relative with a major mental illness
- ❖ Schizophrenia : **.5%** prevalence worldwide
- ❖ Bipolar Disorder: **2-3%** prevalence
- ❖ Major Depression: **10-25%** point prevalence
- ❖ Anxiety Disorders: **5-8%** prevalence
- ❖ Substance Abuse Disorders: **10%** prevalence

CLINICAL DIAGNOSIS OF MENTAL ILLNESS

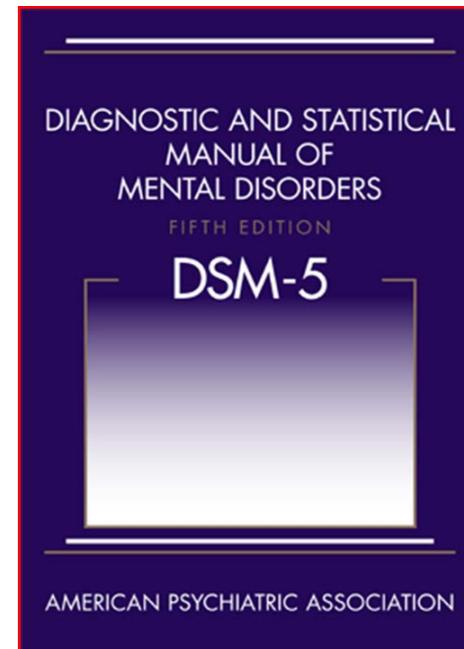


The Diagnostic and Statistical Manual of Mental Disorders. Clinician's "bible"

Attempts to codify and categorize psychiatric illnesses into distinct groups with specific sets and definable features.

Really more of a dictionary providing a common language for understanding psychopathology.

Diagnostic and Statistical Manual (DSM)



Schizophrenia Spectrum and other Psychotic disorders (disturbances in *thinking*)

- ┆ **Schizophrenia**
 - Positive Symptoms
 - Negative (deficit) symptoms

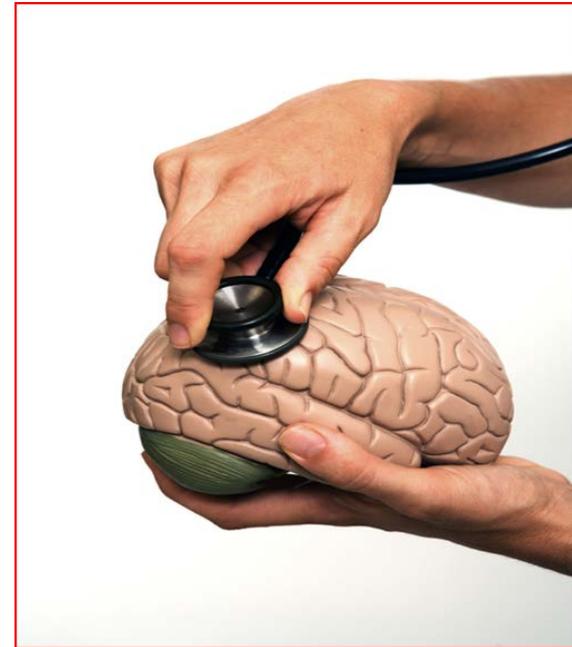
Bipolar and related Disorders (disturbances in *mood constancy*)

- ┆ **Bipolar I**
- ┆ **Bipolar II**
- ┆ **Cyclothymic Disorder**

Depressive Disorders (disturbances in *mood*)

- ┆ **Major Depressive Disorder**
- ┆ **Persistent Depressive Disorder (Dysthymia)**
- ┆ **Premenstrual Dysphoric Disorder**

Clinical Diagnosis



Common Symptoms of Schizophrenia

POSITIVE SYMPTOMS

- ❖ Hallucinations
- ❖ Delusions
- ❖ Disordered Thinking
- ❖ Disorganized speech
- ❖ Psychomotor agitation
- ❖ Bizarre dress or appearance
- ❖ Paranoia

NEGATIVE SYMPTOMS

- ❖ Blunt or flat affect
- ❖ Impoverishment of speech
- ❖ Withdrawal and isolation
- ❖ Anhedonia, alogia
- ❖ Slowed cognition and thought processes
- ❖ Catatonia

☐ Anxiety Disorders (dysregulation in *psychomotor arousal*)

- Panic Disorder
- Generalized Anxiety
- Social Anxiety
- Specific Phobia
- Agoraphobia

☐ Obsessive-Compulsive and related Disorders

- Obsessive Compulsive Disorder
- Body Dysmorphic Disorder
- Hoarding Disorder
- Trichotillomania (hair pulling) Disorder
- Excoriation (skin picking) Disorder

Clinical Diagnosis



Personality Disorders (disturbances in *personality formation*)

Characterized by deficits in *interpersonal relating, affect management, problem solving, identity, impulse control*

- Long term, *pervasive, maladaptive* pattern of relating to others and the world
- Creates *distress and impairment* in major areas of life functioning

Clinical Diagnosis

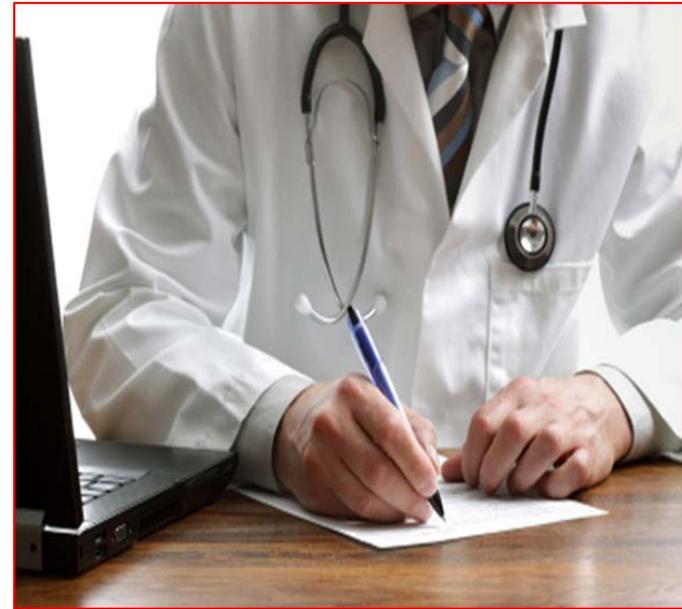


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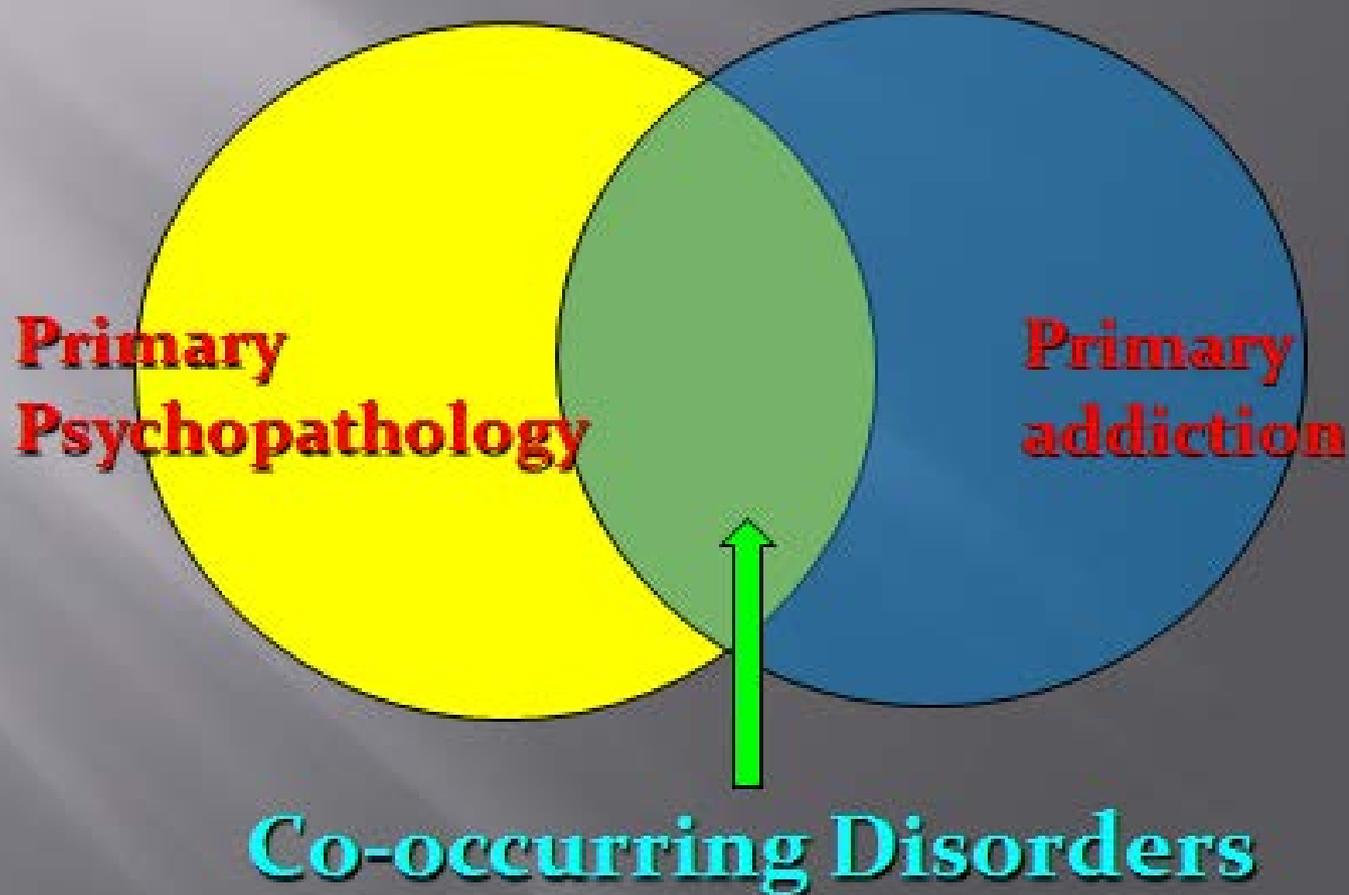
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Clinical Diagnosis

- ☐ **Trauma and Stressor related Disorders**
 - Reactive Attachment Disorder
 - Posttraumatic Stress Disorder
- **Substance and Addictive Disorder** Substance Use Disorders
 - Abuse and Dependence are now viewed as a part of a singular disorder with a continuum of severity
 - Related Disorder
 - Gambling Disorder
- ☐ **Feeding and Eating Disorder**
- ☐ **Gender Dysphoria**



Mental Illness and Substance Abuse



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THE RISK OF DIAGNOSIS

- **Diagnosis can be used to label people which in turn is used to stigmatize and marginalize people**
- **People can be treated as if they are only an illness and not a whole person**
- **Diagnosis is a small part of understanding a person and their illness (illnesses).**

Clinical diagnoses are important since they give a doctor a certain orientation; but they do not help the patient. The crucial thing is the story, for it alone shows the human background and the human suffering...

~Carl Jung

THE ADVANTAGE OF DIAGNOSIS

- **For some it can be helpful to have a name for all the myriad of symptoms they have been experiencing**
- **Diagnosis can also change the treatment approach**
For example we may understand/approach helping someone with symptoms related to depression differently than someone struggling with negative symptoms of schizophrenia – even when the behavior (isolation, lack of motivation, limited pleasure in activities) may look the same
- **Diagnosis is a part of medical necessity and without it we have no justification for helping people**
- **Understanding what is behind certain symptoms increases empathy**
- **Understanding diagnosis and related criteria can enrich our concept of a person – not just limit it, so long as we are mindful of the whole person**

People with Mental Illness are often impacted by...

- ❖ **Powerlessness**
- ❖ **Hopelessness and despair**
- ❖ **Feelings of invisibility and worthlessness**
- ❖ **Stigma**
- ❖ **Marginalization**
- ❖ **Loss of personal control**
- ❖ **Isolation**
- ❖ **Loneliness**
- ❖ **Not being listened to or understood**
- ❖ **Cumulative effects of poverty, homelessness, trauma, illness**
- ❖ **Unresponsive systems of care**



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How do you know when someone has a mental illness or a substance use problem?



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Most of the time, you don't
(...at least not without a lot more
information)



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- ❑ As many as 2/3 of people with serious mental illness get much better over the long term
- ❑ One's current level of illness severity does not predict long-term outcome
- ❑ No one can predict who gets better and who does not
- ❑ Access to rehabilitation services improves long term outcome
- ❑ *A trusting relationship with at least one helper has significant impact on outcome*

What Is Known About The Course Of Mental Illness



Let's listen to one woman's recovery story.

**SHARE
YOUR
STORY**



- **Pharmacological Treatments**

- ☐ Antipsychotics
- ☐ Antidepressants
- ☐ Mood Stabilizers
- ☐ Anxiolytics
- ☐ Psychostimulants
- ☐ Other

- **Counseling and Therapy**

- ☐ CBT/DBT
- ☐ Motivational Interviewing
- ☐ Psychodynamic Therapy
- ☐ Casemanagement
- ☐ Group work

Treatments for Mental Illness



- **Additional Approaches**
- Diet and Exercise
- Yoga and Meditation
- Homeopathic and Herbal Remedies
- Self- help and Peer support
- Psychosocial Rehabilitation
- Community Integration
- Employment

Treatments for Mental Illness



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Supported Employment

"It's totally clear to me at this point that there's nothing about medications or psychotherapies or rehabilitation programs or case management programs or any of the other things that we study that helps people to recover in the same way that supported employment does"

Robert Drake MD, PhD

Director, Dartmouth Psychiatric Research Center

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PEOPLE WITH
SERIOUS MENTAL
ILLNESSES CAN AND
DO RECOVER!



A deeply personal, unique process ... It is a way of living a satisfying, hopeful and contributing life even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness.

W. Anthony

Recovery is...



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Facilitating Recovery

- Help individuals find meaning and purpose in their lives
- Help individuals fulfill valued roles and engage in a life in a community of their choosing
- Help individuals see themselves as more than their illness(es)
- Accept that an individuals' strong emotions and disagreements with us may be personal opinions rather than pathology
- Respect individuals' personal view of their illness(es)



What Aids Recovery



Determination to get better
Understanding the illness
Taking responsibility
Managing the illness
Positive aspects of medication
Positive impact of helpers
Friends who are accepting
Supportive health professionals
Acceptance of medications
Optimistic attitude
Decreased stigma
Spiritual beliefs

The same way you
talk to anyone!

With...

- Respect
- Genuine interest
- A desire to understand
- ***A listening ear***
- An appreciation of cultural differences
- A belief that people are doing the best they can

So... How do you
talk to someone
with a mental
illness?



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Mental Health First Aid

- ❖ Assess for risk of suicide or harm
- ❖ Listen nonjudgmentally
- ❖ Give reassurance and information
- ❖ Encourage appropriate professional help
- ❖ Encourages self-help and other support strategies

- ☐ Demonstrate empathy and acceptance
- ☐ Listen with respect, acknowledge and validate feelings.
- ☐ Inquire about personal comfort, i.e. “What do you need right now?” “What can I do to help you?”
- ☐ Check your tone of voice, volume and body language.
- ☐ Pay attention to cues and adjust your responses accordingly

When a person is exhibiting distress...



Useful Tips



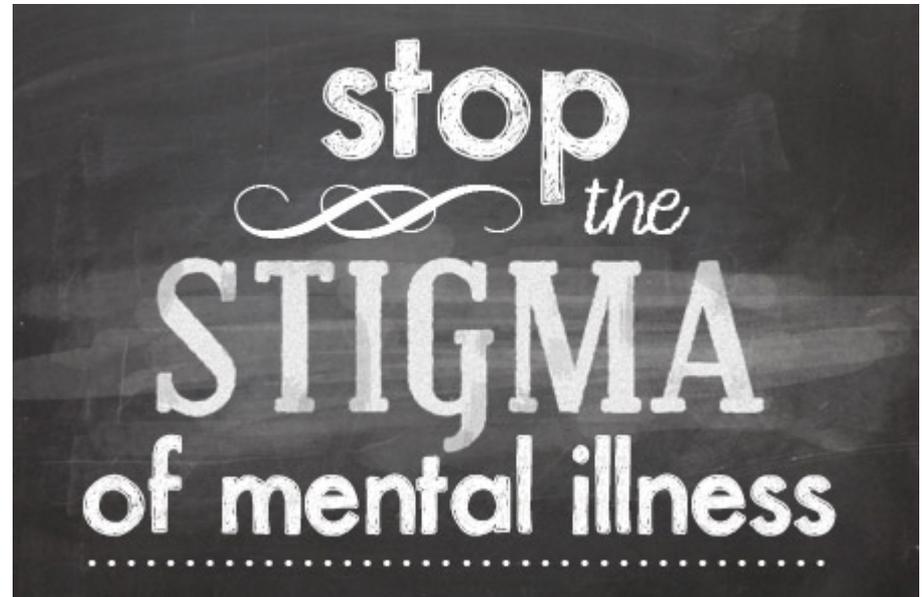
When interacting with a person who seems paranoid, avoid eye contact. If possible, stand abreast of him/her as if facing a hostile world together.

When dealing with someone who is angry or agitated, listening respectfully conveys understanding. Avoid asking questions or re-directing immediately.

When responding to someone who seems to be actively hallucinating, speak calmly and gently inquire what might help them feel safer and more comfortable.

There are potentially many possible causes of 'odd' or unusual behaviors- automatically assuming that behaviors are the result of mental illness is stigmatizing and erroneous.

A Cautionary Note



**Be kinder than necessary
because everyone you meet is
fighting some kind of battle.**



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- ❑ **Thresholds**
www.thresholds.org
- ❑ (773) 572-5400
- ❑ **Crisis Hotline (800) 866-9600**
- ❑ **CASO (Chicago Area Service Office of Alcoholics Anonymous) (312) 346-1475**
- ❑ **Mental Health Assoc. of Greater Chicago (312) 368-9070**
- ❑ **Depression and Bipolar Support Alliance (773) 465-3280**
- ❑ **National Alliance on Mental Illness (NAMI) of Metro Suburban (708) 524-2582**

Important Resources



Accepting people for who and what they are and *believing* they can do better is the key to helping people recover.

We're supporting

time to change

let's end mental health discrimination

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**KEEP
TALKING
ABOUT
MENTAL
HEALTH**

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