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MENTAL ILLNESS: A PRACTICAL APPROACH - ROLE OF MENTAL HEALTH

Training Manual

VirTra

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TRAINING COURSE CERTIFICATION

This "Mental Illness: A Practical Approach" training course has been certified by the IADLEST™ National Certification Program on 9/23/2022.
Certification number: 22505-2209

TOPIC

Mental Illness: A Practical Approach - Role of Mental Health

ESTIMATED TIME

1 hour

PERFORMANCE OBJECTIVE

At the end 1 hour of instruction, the student will successfully be able to:

A.   Explain areas of functioning that mental illness affects
B.   Understand the role of contact professionals
C.   Explain strategies for de-stigmatizing mental illness

Students shall be given the opportunity to ask questions at the end of each section.

I. **INSTRUCTOR INTRODUCTION**

II. **INTRODUCTION AND OVERVIEW OF MENTAL HEALTH**

    A. **WHAT IS MENTAL HEALTH?**

    B. **MENTAL ILLNESS**

    C. **PREVALENCE OF MENTAL ILLNESS IN THE UNITED STATES**

III. **THE ROLE OF CONTACT PROFESSIONALS**

IV. **STIGMA**

    A. **STRATEGIES FOR DE-STIGMATIZING MENTAL ILLNESS**

V. **MENTAL ILLNESS DIAGNOSES**

    A. **CRITERIA**

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I.   INSTRUCTOR INTRODUCTION

Instructor will introduce themselves to the class. This introduction should be no more than 2-3 minutes long and establish why they are qualified to teach the course and how long they have been with the organization. This not a moment to brag but to build confidence and trust from the attending students.

II.   INTRODUCTION AND OVERVIEW OF MENTAL HEALTH

A.   WHAT IS MENTAL HEALTH?

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.[1]

1.   Mental health is the foundation for resilience, self-esteem, emotional expressing, thinking, learning, and communication.[2]
2.   Mental health is crucial to a person's well-being, effective functioning in everyday life and ability to adapt to change.
3.   Mental health is critical to a person's overall health. Mental illness impacts physical health as they are integrally tied together.
4.   Behavioral health disorders and mental illness are a greater burden of disease compared to any other health category.
5.   Mental illness is treatable and many people successfully manage their conditions.[2]

Factors that Influence Mental Health[5] [6]

1.   Chemical imbalances of the neurotransmitters in the brain
2.   Infection
3.   Brain injuries
4.   Poor nutrition
5.   Trauma
6.   Stress
7.   Genetics and hereditary predispositions
8.   Prenatal brain damage (such as lack of oxygen) or disruption of fetal brain development
9.   Long-term substance abuse
10.   Exposure to toxins

Ideally, we can affect environmental factors to prevent or reduce behavioral health problems and mental illness. As contact professionals, we will see many environmental concerns that impact the people in our communities. This is an area where we have the ability to make a difference and encourage people to get help.

B. MENTAL ILLNESS

Mental illnesses are health conditions involving changes in emotion, thinking or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities. Many factors contribute to mental illness: biological factors, stress and trauma, life experiences, and long-lasting health conditions. Mental illness becomes problematic when daily activities, relationships, and work is affected. Mental illness can be very impactful in a person's life.

1. Mental illness can affect anyone. It does not discriminate.[2]
2. Mental illnesses are diagnosed by a mental health professional using the DSM 5 for diagnostic criteria.
3. Serious mental illness (SMI) is defined as a mental, behavioral or emotional disorder resulting in serious functonal impairment which substantially interferes with or limits one or more major life activities. the burden of mental illnesses is particularly concentrated among those who experience disability due to SMI.[2]
4. People can recover from mental illness. Recovery provides a holistic view that focuses on the person and not the symptoms of their mental illness. The recovery model focuses on resilience and control over challenges rather than just treating or managing symptoms.
   i. Recovery emphasizes hope, and that people with mental illness can lead a meaningful life despite their symptoms.
   ii. Recovery is individualized. Some people want a reduction and management in symptoms while others do not want to experience symptoms at all.

C. PREVALENCE OF MENTAL ILLNESS IN THE UNITED STATES [3]

1. Mental illness is common. Approximately 1 in 5 adults in the United States experiences mental illness in any given year: 46.6 million people or 18.9% of the population. 19.8 million people received mental health services (inpatient treatment, outpatient treatment, couseling or prescription medication). Lifetime percentage of a person experiencing a mental illness is 50/50.
2. In 2017 there were an estimated 11.2 million adults aged 18 or older in the United States with SMI. This number represented 4.5% of all U.S. adults.
3. Among the 20.2 million adults in the U.S. who experienced a substance use disorder, 50.5% - 10.2 million adults - had a co-occurring mental illness.
4. 18.1% of adults in the U.S. experienced an anxiety disorder such as post traumatic stress disorder, obsessive-compulsive disorder and specific phobias.
5. 6.9% of adults in the U.S. - 16 million - had at least one major depressive episode in the past year.
6. 2.6% of adults in the U.S. live with bipolar disorder.
7. 1.1% of adults in the U.S. live with schizophrenia.

III. THE ROLE OF CONTACT PROFESSIONALS

A.. Contact professionals are not trained to diagnose nor should they. Familiarization and recognition of behaviors are critical in deciding an intervention response. The intervention response should be as safe and effective as possible for all parties involved.
B. Behavioral health response and/or crisis intervention should be a coordinated effort that is as safe and effective as possible for everyone involved.
C. The focus should fall in recognizing indicators and signs associated with behaviors.
D. Safety is paramount and should not be compromised situationally for a behavioral health response or crisis intervention. Crisis intervention, behavioral health intervention, and de-escalation tactics are integrated responses based on the totality of circumstances.
E. Refer to department policies and legal department mandates for behavioral health or crisis response.

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IV.   STIGMA

Stigma results from harmful attitudes and misunderstandings that fuel fallacies surrounding mental illness. Both social and self-stigma exist regarding mental illness.

1.   Social stigma is directed toward individuals with mental illness in the form of prejudices and discrimination. This can surface in personal relationships, family life or in the work place. People fear what they do not understand. Many people with mental illness do not share their stories because of the judgement that comes from family, friends and co-workers. This can have a severe and negative impact.
2.   Self-stigma is the internalized perception of the person with the mental illness that can lead to shame and refusal to seek treatment or experience poorer treatment outcomes. Self-stigma can be a self-fulfilling prophecy.
3.   All contact professionals (law enforcement, first responders, nurses, teachers, etc.) need to be part of the process of destigmatizing mental illness.

A.   STRATEGIES FOR DE-STIGMATIZING MENTAL ILLNESS [10]

1.   Focus on the person, not their illness: "Jim has bipolar disorder" not "Jim is bipolar."
2.   Don't say mentally disabled or mentally ill. Instead say, "Jim has a mental illness."
3.   Don't use insensitive terms or terms that suggest pity to describe mental illness and substance abuse.
4.   Don't say committed suicide. Instead use "completed suicide."

V.   MENTAL ILLNESS DIAGNOSIS

A.   CRITERIA

Diagnostic criteria comes from the DSM-5. The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the handbook used by health care professionals in the United States and much of the world as the authoritative guide to the diagnosis of mental disorders.[7] DSM contains descriptions, symptoms and other criteria for diagnosing mental disorders. It provides a common language for clinicians to communicate about their patients and establishes consistent and reliable diagnoses that can be used in the research of mental disorders. It also provides a common language for researchers to study the criteria for potential future revisions and to aid in the development of medications and other interventions.

1.   The DSM was first published in 1952 and is frequently reviewed as new research comes to the forefront.
2.   The DSM is an assessment tool and does not contain guidelines to treat any disorder.
3.   Treatment is tailored to the specific wants and needs of the individual. Treatment might consist of therapy alone or therapy in conjunction with medication.

B.   WHO CAN DIAGNOSE?

Psychiatrists, psychologists, counselors, clinicians, therapists, clinical social workers, psychiatric nurse practitioners, physicians, and nurse practitioners. This can vary by state, licensing requirements, and master's level program requirements. Only psychiatrists, physicians, physician's assistants, psychiatric nurse practitioners, and nurse practitioners (state dependent) can prescribe medication.

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A mental health professional will conduct a full mental health assessment before diagnosing a person with a mental illness. The assessment may consist of:

1. Physical Exam
2. Lab Tests
3. Mental Health History
4. Personal History
5. Mental Evaluation
6. Cognitive Evaluation

C.   PSYCHIATRIC DISORDERS

There are many different classifications for mental health disorders in the DSM 5. This class will focus on depressive disorders, bipolar and related disorders, schizophrenia spectrum and other psychotic disorders, neurocognitive disorders, suicidal behavior and non-suicidal self injury.

Signs and Symptoms

1. Signs are what we see from a person and can be observed by someone else. Signs are considered objective.
2. Symptoms are what a person experiences. They are experienced directly by the individual. Symptoms are considered subjective.

D.   DUAL DIAGNOSIS [8]

1. Dual diagnosis refers to a person experiencing a mental illness and a substance abuse disorder simultaneously.
2. 7.9 million people in the United States experienced dual diagnosis in 2014, 4.1 million of them were men
3. Treatment for dual diagnosis is integrated intervention, where the substance use disorder and the mental illness are both treated simultaneously. In the past, it was thought that you could not treat both disorders at once, and the substance abuse disorder needed treatment before any underlying issues could be addressed.

VI.   PREVENTION AND INTERVENTION

A. Prevention is a priority and critical component for behavioral health (especially substance use). It is always better to prevent the problem from occurring than address the later ramifications.
B. There are prevention strategies for behavioral health problems and mental illness. People are exposed to various risks and learned protective factors can mitigate those risks and increase resilience. Resiliancy is the most predictive factor in dealing with mental illness and crisis.
C. Early intervention is another critical component in dealing with behavioral health and mental illness. Many times, law enforcement, first responders or other contact professionals can be part of the early intervention process when the behaviors are recognized. Contact professionals can encourage persons to engage with resources in the community before there is a marked deterioration in mental health. Other times, law enforcement responds to a crisis situation and the intervention process occurs parallel with working with local behavioral health organizations.
D. Aligning people with appropriate services and engaging the community to recognize the resources that are available is something first responders can do with the right information and collaborative relationships with behavioral health providers.

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VII.   BEST PRACTICES

A.   IACP recommends that law enforcement personnel should have training and guidance to effectively assess and respond to situations involving persons experiencing a mental health crisis with the goal to de-escalate the situation safely for all individuals involved whenever possible.[9]

B.   IACP recommends that officers receive training to recognize signs and symptoms consistent with a person in crisis (PIC), assess risk, decide whether to take custody of the individual or refer for mental health services, and appropriately document the situation.[9]

C.   Each state has a different process for involuntary committal. It is essential that officers have a familiarization with the policies and legal requirements from their department.

D.   Like law enforcement, contact professionals should have a level of training and guidance to effectively assess and respond to situations safely for everyone involved.

VIII.   CONCLUSION

As it is of utmost importance, below is a reiteration of the role of the contact professional.

A.   Contact professionals are not trained to diagnose nor should they. Familiarization and recognition of behaviors are critical in deciding an intervention response. The intervention response should be as safe and effective as possible for all parties involved.

B.   Behavioral health response and/or crisis intervention should be a coordinated effort that is as safe and effective as possible for everyone involved.

C.   The focus should fall in recognizing indicators and signs associated with behaviors.

D.   Safety is paramount and should not be compromised situationally for a behavioral health response or crisis intervention. Crisis intervention, behavioral health intervention, and de-escalation tactics are integrated responses based on the totality of circumstances.

E.   Refer to department policies and legal department mandates for behavioral health or crisis response.

IX.   QUESTIONS?

X.   REFERENCES

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XI.   CONTACT VIRTRA

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