Mental Disorders & the Pro Bono Mental Health Program:

Lunch & Learn
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Note: The audio recording for this event is attached to this PDF.

Definition

- Mental Disorders are abnormal patterns of thought, emotion and behavior that cause either *significant distress* and/or *impaired functioning.*
- Since 1953, they have been classified in the DSM (Diagnostic and Statistical Manual of Mental Disorders), which is revised every 12 years. DSM-V will be published in May, 2013.

History

- In Biblical times, mental illness was understood in spiritual terms (demon possession, the work of the devil).
- Hippocrates first classified personality types in 400 A.D. based on the relative amounts of the 4 humors he believed our bodies contain :
- Blood-Sanguine (happy, optimistic)Personality
- Black Bile-Melancholic (depressed) Personality
- Yellow Bile-Choleric (angry) Personality
- Phlegm-Phlegmatic (lazy) Personality

Historical Views of Mental Illness

- 1840 census reflects stigma in classifying all mental disorders as "idiocy."
- 1840-1887 Dorothea Dix campaigned for humane treatment of indigent people with mental illnesses.
- 1963 Community Mental Health Centers Act made mental health care a right of all citizens, not a privilege of those who could afford it.
- 1980s Health Insurance became "managed care". This limits coverage to "measurable behavioral objectives" in treating "functional impairments." The traditional goals of psychotherapy (insight and change to achieve happiness, relatedness, efficacy, coherence, and sense of purpose) are not regarded as "medically necessary" and are often not covered. Many criticize managed mental health care as "Treating the symptoms—not the person."
- 1999-2001 Mental Health Reform did away with Community Mental Health Centers and reduced public funding for mental health care by privatizing (and under-funding)it with a system of LMEs (Local Management Entities) authorizing payment for services by private provider groups.

Barriers to Compassionate Care of Mental Illness

- Stigma (“I don’t want people to know that I’m in therapy.” “I have problems, but I’m not crazy.”)
- Misunderstanding (“Just try harder.” “Look on the brighter side.” “I’ve got the blues, but I don’t think I’m depressed”. “I don’t want to use medication as a crutch.”)
- Neglect (“I don’t want to pay more taxes for those people’s problems.”)
- Us-Them (“I get down sometimes, but not like those people.” “It’s mostly low income people who have those kinds of problems.”)

MOOD DISORDERS

- Mood disorders are characterized by a disturbance of mood. Everyone experiences mood changes, but one is considered to have a mood disorder only if the mood disturbance *impairs functioning* and/or causes *significant personal distress*. Temporary mood changes that are appropriate and necessary in adjusting to a loss (e.g. death, divorce, job loss) are also not considered mood disorders. Mood disorders involve *depression* and/or *mania.*

PREVALENCE

- Mood disorders are among the most common mental disorders. Major Depressive Disorder has a lifetime prevalence of 10-25% of women & 5-12% of men across all races, ethnicities and socioeconomic classes. Dysthymic Disorder has a 6% lifetime prevalence. Bipolar Disorder has a 1-1.8% lifetime prevalence. Onset can occur at any age with mean of 40 for MDD. Course is chronic and episodic.

Depression involves the following mood changes:

- Sadness
- Irritability
- Pessimism
- Guilt
- Low self esteem
- Lack of initiative
- Anhedonia
- Preoccupation with death
- Suicidal thoughts

Depression also involves *vegetative* (physical) symptoms:

- Sleep disturbance (insomnia or hypersomnia)
- Appetite disturbance (lack of appetite or comfort feeding)
- Fatigue
- Low sex drive
- Trouble with concentration and memory
- Psychosomatic concerns

TYPES OF MOOD DISORDERS

Depression and/or mania occur in several mood disorders listed roughly from less severe to more severe:

- V Codes or *normal* reactions to stressful events (e.g. bereavement)
- Adjustment Disorders or *temporary* but *abnormal* reactions to stressful events
- Secondary to a medical condition (e.g. thyroid condition, congestive heart failure)
- Secondary to another mental disorder (e.g. schizophrenia, cluster B personality disorders)
- Dysthymic Disorder (chronic, less severe)
- Cyclothymic Disorder (cycling episodes of hypomania and dysthymia)
- Mood Disorder NOS (Premenstrual Dysphoric Disorder, Seasonal Affective Disorder, Minor Depressive Disorder, Recurrent Brief Depressive Disorder, Mixed Anxiety-Depression Disorder, Post-Psychotic Depressive Disorder)
- Major Depressive Disorder (severe, episodic)
- Bipolar II Disorder (cycling episodes of hypomania and major depression)
- Bipolar I Disorder (cycling episodes of mania and major depression)

TREATMENT

- Although mood disorders are chronic, symptoms can be eliminated or reduced for most people.
- The most effective treatment is a combination of psychotherapy and medication.
- Psychodynamic and cognitive-behavioral therapies have demonstrated effectiveness.

MEDICATIONS

- The most common *anti-depressant* medications are SSRIs (selective serotonin reuptake inhibitors) (Prozac, Zoloft, Paxil, Lexapro).
- Other medications used include those that act on norepinephine (Welbutrin, Cymbalta),
- Tricyclics (Elavil, Sinequan, Norpramin)
- MAO (monoamine oxidase) inhibitors (Nardil).
- *Mood stabilizers* are used for bipolar disorder. The most common is lithium carbonate. Some seizure medications (Depakote, Tegretol, Lamictal) are also used for their mood stabilizing properties.

TREATMENT OF INTRACTIBLE DEPRESSION

- With severe and life threatening depression, hospitalization may be necessary.
- When other treatments have proven ineffective, ECT (electroconvulsive therapy) or TMS (targeted magnetic stimulation) may “hit the reset button” on mood.

Bipolar Disorder

- Characterized by cycling from Major Depression to Mania (Bipolar I) or Hypomania (Bipolar II).
- Mania: elevated mood, grandiosity, hyperactivity, reduced need for sleep, pressured speech, flight of ideas, distractibility, agitation, high risk behavior, & irritability. With mania, symptoms are bizarre and sometimes psychotic.
- Hypomania: abnormally elevated mood, energy, activity & confidence. Not bizarre or psychotic and may occur in productive, creative people.

Movie

- Ordinary People
- Scene 3 through conversation with swim coach

ANXIETY DISORDERS

- Anxiety is a normal reaction to perceived danger. The danger can be *psychological* (e.g. humiliation) or *physical*. Anxiety involves both *subjective distress* (worry, hyper-alertness, hyper-reactivity) and *physiological reactions* (trembling, sweating, palpitations, flushing, nausea, and shortness of breath). An anxiety disorder is diagnosed when anxiety is severe enough to cause *substantial discomfort* and/or *impaired functioning*. Anxiety disorders are common, and people with anxiety disorders often have more than one type.

Types

- Generalized Anxiety Disorder (excessive generalized worry)
- Obsessive-Compulsive Disorder (irrational obsessive thoughts and compulsive rituals)
- Acute Stress Disorder (heightened arousal, intrusive thoughts, and attempts to avoid reminders occurring *within a month* of a traumatic event such as combat, rape or natural disaster)
- Posttraumatic Stress Disorder (heightened arousal, intrusive thoughts and attempts to avoid reminders enduring *more than a month* after a traumatic event such as combat, rape, torture, domestic violence or natural disaster)
- Panic Disorder (Brief periods of terror and physiological arousal)
- Agoraphobia (irrational fear of public places)
- Social Phobia (excessive fear of public speaking or social situations)
- Specific Phobia (irrational fear of specific objects or activities, e.g. flying, spiders)

Prevalence

- Anxiety disorders are common. One in four people meet criteria for at least one in their lifetime.
- Having a co-occurrence of more than one is the norm.
- Some anxiety disorders are primarily responses to stressors (PTSD). Others (OCD, GAD, phobias) appear to be more endogenous.

TREATMENT

- Most anxiety symptoms can be eliminated or reduced with treatment.
- Behavioral therapies (desensitization) are helpful with symptoms such as phobias, cognitive-behavioral therapies with catastrophising thought patterns, and psychodynamic therapies with underlying fears and conflicts.
- Preferred medications are SSRI's, which address anxiety as well as depression and are relatively free from side effects and dependency. Benzodiazepines (Klonopin, Xanax, Valium) also give more immediate relief, but can produce dependency.

Movie

- The Odd Couple (original) (Obsessive-Compulsive Personality disorder)
- Scene 4 from walking to restaurant & ending with Felix hitting himself in the head

- Or, Born on the Fourth of July (PTSD)
- Scene called “Local Hero” to end of walk with Timmy

PTSD

- Intrusive thoughts & hyperarousal
- Unstable mood, depression and anger
- Anxiety
- Hypervigilance & mistrust
- Avoidance of potentially triggering situations
- Diagnosed as Acute Stress Disorder if it resolves within a month of the trauma & Post-Traumatic Stress Disorder if it becomes chronic.
- Caused by trauma (sexual assault, combat, torture, natural disaster).

Developmental & Learning Disorders

- Autism (severely impaired social & communication skills, restricted interests)
- Asperger's Disorder (impaired social skills and restricted, repetitive interests)
- ADHD (hyperactive, distractible, impulsive)
- Specific Learning Disabilities (dyslexia or impaired learning in other specific area in a person with otherwise normal intelligence)

Autistic Spectrum Disorders

- Autism involves markedly abnormal development of social interaction and communication skills and restricted interests and activities. It is relatively rare (0.02-0.05 %) and usually develops before age 3.
- Asperger's Disorder involves less severe impairment of social interaction, repetitive behaviors & interests, and no delays in language.
- Autistic Spectrum Disorders (ASD) Include Autism, Asperger's and 2 rare disorders (Rett's Disorder and Childhood Disintegrative Disorder) characterized by regression after a period of normal development.

Attention -Deficit /Hyperactivity Disorder (ADHD)

- ADHD is a life-long condition that is usually first noticed in the toddler stage.
- It is divided into subtypes according to whether hyperactivity, inattention or impulsivity are the predominant feature.
- Symptoms include restlessness, excessive talking, difficulty sticking with activities, difficulty listening, disorganization, losing things, forgetfulness, and interrupting.
- Sometimes ADHD also includes difficulty reading social cues.

TREATMENT

- ADHD is treated with a combination of stimulant medications, classroom accommodations, and compensatory strategies.
- Stimulant medications (Ritalin, Concerta, Adderall, Vyvanse) activate brain centers for focusing.
- Schools are required by law to provide necessary classroom accommodations (front row seating, untimed test taking, note takers, tutors).
- Compensatory strategies involve list making, distraction-free work space, coaching on organization, and exercise. Books by Edward Hallowell & John Ratey, Russell Barkley and others contain a wealth of suggestions.

Movie

- Extremely Loud & Incredibly Close
- Scene 2

SUBSTANCE ABUSE

- Substance abuse effects 1 in 4 families.
- Substance-related disorders are frequently comorbid with other mental disorders (e.g. mood disorders, personality disorders, pain disorders).
- Diagnosis is made by considering two dimensions: 1. The substance or substances, and 2. Dependence, abuse, intoxication or withdrawal.
- The substance is determined by report of the patient and/or significant others, or by the symptoms particular to that substance. Polysubstance abuse is the norm, but there is usually a substance of choice.

DSM-IV-TR contains 106 pages of criteria for differentiating substance-related disorders

PREVALENCE

- Most frequent substances of abuse are caffeine, nicotine, alcohol, marijuana, cocaine, stimulants, benzodiazepines, opiates, hallucinogens and inhalants
- Substance abuse is common and, in some instances legal and socially acceptable (caffeine, nicotine, alcohol).

Substance Dependence (Addiction)

- Pattern of substance use leading to distress and/or impairment in 3 or more of the following during same 12-month period:
- Tolerance (need for increased amounts or diminished effect)
- Withdrawal
- Larger amounts over longer period than intended
- Unsuccessful attempts to cut back or control
- Much time spent obtaining, using and recovering
- Social, occupational, or recreational activities given up
- Continued use despite knowledge of having physical or psychological problems due to use

Substance Abuse (Misuse)

- Pattern of substance use leading to distress and/or impairment in one or more of the following during same 12-month period:
- Failure to fulfill obligations at work, school or home due to use
- Recurrent use in situations in which it is dangerous (e.g. driving)
- Recurrent substance-related legal problems
- Continued use despite recurrent social problems

Substance Intoxication

- Reversible, substance-specific syndrome due to recent ingestion
- Behavioral or psychological problems due to effect of substance (e.g. belligerence, mood lability, cognitive impairment, impaired judgment, impaired social or occupational functioning) during or shortly after use
- Symptoms not due to medical condition or other mental disorder

Substance Withdrawal

- Development of substance-specific syndrome due to cessation or reduction of heavy or prolonged use (tremors, cramping, seizures, sweating, chills)
- Distress or impairment
- Not due to medical condition or other mental disorder.

TREATMENT

- Safe withdrawal from dependence on some substances (alcohol, benzodiazepines, opiates) requires medical management in a residential detox facility.
- Sometimes longer residential treatment is needed to insure abstinence.
- Abstinence is most often maintained with the group support and accountability of a 12-step program (Alcoholics Anonymous, Narcotics Anonymous), particularly with regular (daily) attendance and a sponsor.
- Counseling can also be helpful in adjusting to the challenges of life without substance use.
- Alanon is helpful to families of a substance abuser.

Medications

- Antabuse (disulfiram) deters drinking by causing nausea if the person taking it consumes alcohol.
- Vivitrol deters drinking and narcotics use by eliminating the “high.”
- Methadone and Suboxone (buprenorphine) are medically administered narcotics that prevent opiate withdrawal without producing a “high.”

Movie

- When a Man Loves a Woman (alcohol dependence)
- Scene 25: The AA Meeting

PSYCHOTIC DISORDERS

- Psychosis is defined as the inability to distinguish reality from fantasy. It includes hallucinations (false sensory perceptions), delusions (incorrect inferences about reality), and illusions (distortions of sensory perceptions). Psychosis is a symptom of several categories of mental disorders:

TYPES OF PSYCHOTIC DISORDERS

- Schizophrenia
- Schizophreniform Disorder
- Schizoaffective Disorder
- Bipolar Disorder
- Delusional Disorder
- Brief Psychotic Disorder
- Shared Psychotic Disorder (Folie a Deux)
- Psychotic Disorder Due to a General Medical Condition
- Substance-Induced Psychotic Disorder
- Transient psychotic episode in Borderline Paranoid, or Schizotypal Personality Disorder
- Neurocognitive Disorders (Dementia, Delirium and Traumatic Brain Injury)
- Psychotic Disorder Not Otherwise Specified

SCHIZOPHRENIA

- Schizophrenia is a *severe* and *chronic* disorder with onset in late teens or twenties.
- It is characterized by “negative symptoms” (i.e. deterioration of many aspects of cognitive functioning, affect, social skills, and self care, and by “positive symptoms” (i.e. psychosis including hallucinations and/or delusions).
- Functioning ranges from self-sufficient but eccentric to requiring institutional care. Modern anti-psychotic medications (Clozaril,Risperdal, Seroquel, Zyprexa, Abilify) have increased the likelihood of independent living by controlling “positive” symptoms.

Movie

- A Beautiful Mind
- Scene 14

DEMENTIA

- Dementia is an impairment of memory and other cognitive functions *without* impairment of consciousness.
- It is roughly synonymous with the popular terms, “senility” and “brain damage.”
- Dementia is usually irreversible.
- It is most often associated with old age, though it can also occur in younger people as a result of medical conditions such as stroke, traumatic brain injury, poisoning, substance abuse, or early onset Alzheimer’s.

Types

- Alzheimer’s (most common, cortical)
- Vascular (Multi-Infarct Dementia or “hardening of the arteries”)
- HIV (slower, subcortical)
- Parkinson’s
- Korsakoff Syndrome (Alcohol-Induced Dementia)
- Stroke
- Traumatic Brain Injury

Other less common dementias (Lewy Body, Pick's, Huntington’s or “Woody Guthrie Disease , Creutzfeld-Jacob)

ALZHEIMER'S

- Most common dementia and increasing.
- More common among women (2/3 are women)
- Usually begins in later adulthood, but can begin as early as 40s.
- Earliest symptoms are gradual memory loss, disorientation, and mood changes.
- Later symptoms include paranoia, agitation, loss of short-term and then long-term memory, and eventually loss of autonomic memory (swallowing).
- Hereditary tendencies, but causes not well understood.
- Results from development of plaques and tangles in cortex.
- Until recently, could be diagnosed only by symptoms and autopsy, but recent brain imaging studies show changes years before development of symptoms, opening the way for early detection and treatment.
- Although incurable, early treatment (Namenda, Aricept) can slow the rate of memory loss by about 6 months.

STATISTICS

Alzheimer's is 6th leading cause of death in US.

1 in 3 seniors die with dementia.

NC has @250,000 people with Alzheimer's with over 500,000 unpaid caregivers.

In 2013,nationally 15.5 million caregivers provided 17.7 billion hours of unpaid care valued at more than $220 billion.

TREATMENT

- Medications (Namenda, Aricept) slow the rate of memory deterioration.
- Antipsychotics are used to address paranoia and agitation.
- Care for the caregiver (respite care, support groups such as Duke Family Support Program) is critically important.
- Some continuing care and assisted living facilities have units specifically for dementia.
- Alzheimer's Association offers a wealth of information about resources

Movie

- Iris
- Scene 8: A Pensive Swim starting AFTER nude swim and continuing until end of beach scene

PERSONALITY DISORDERS

- Personality disorders are enduring patterns of feeling, thinking and acting.
- They cause significant distress and/or impaired functioning.
- They have been consistently present at least since adolescence.
- They are present across many situations (not just in crisis).
- They deviate from cultural norms.
- **DSM-5 adds that they involve impairment in self (self concept, goals) and interpersonal understanding (other perspectives, close relationships).**

Personality Disorders Reduced from 10 to 6

- Antisocial
- Avoidant
- Borderline
- Narcissistic
- Obsessive-compulsive
- Schizotypal
- Eliminate Histrionic, Schizoid,Paranoid, & Dependent

Definitions of DSM-5 Personality Disorder Trait Domains & Facets (pp. 779-781)

- Negative Affectivity (lability,anxiousness, separation insecurity,submissiveness, hostility, perseveration, depressivity, suspiciousness & restricted affect)
- Detachment (withdrawal, intimacy avoidance, anhedonia, depressivity, restrictred affectivity & suspiciousness)
- Antagonism (manipulativeness, deceitfulness, grandiosity, attention seeking, callousness & hostility)
- Disinhibition (irresponsibility, impulsivity, distractibility, risk taking, rigid perfectionism)
- Psychoticism (unusual beliefs & experiences, eccentricity, cognitive & perceptual dysregulation)