Lesson 3:
Mental Health

AS A RESULT OF THIS LESSON, YOU WILL BE BETTER ABLE TO:

Define mental health and list factors that impact mental health

Understanding Mental Health

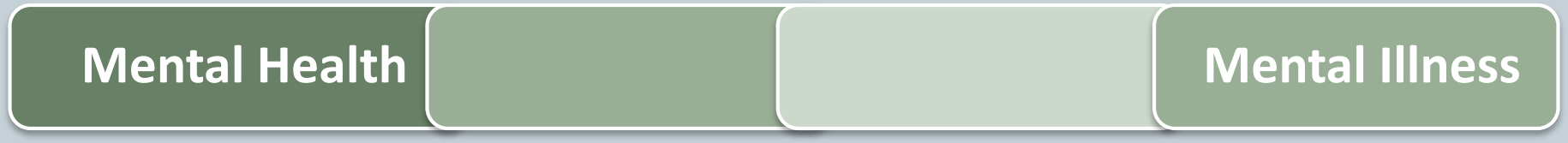
Trauma is just one of many factors that may influence mental health.

In this lesson we will discuss what “mental health” means and the variety of factors that impact mental health.

Mental Health Continuum

Just as there is a continuum of physical health to physical illness…

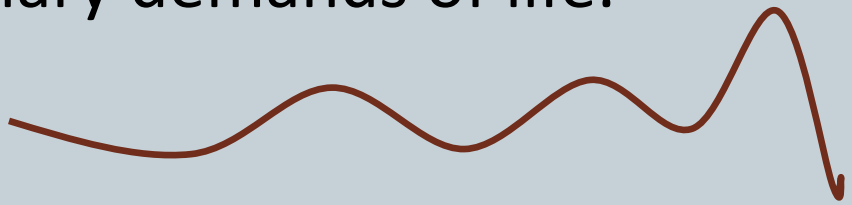
there is a continuum of mental health to mental illness.



Just as saying someone is physically ill is not particularly useful without more information, saying someone is mentally ill, is not particularly useful by itself. It can also be stigmatizing.

What is Mental Health?

- Mental health includes emotional wellbeing and the capacity to live a full and creative life.
- Mental health challenges may disrupt a person's thinking, feeling, mood, ability to relate to others, and ability to cope with the ordinary demands of life.
- Mental health can fluctuate.



- Society determines what is considered mental health or mental illness and definitions of mental health change over time.

Factors that Impact Mental Health

Mental health disorders are typically the result of the interplay between multiple factors.

Culture

Environmental Stressors

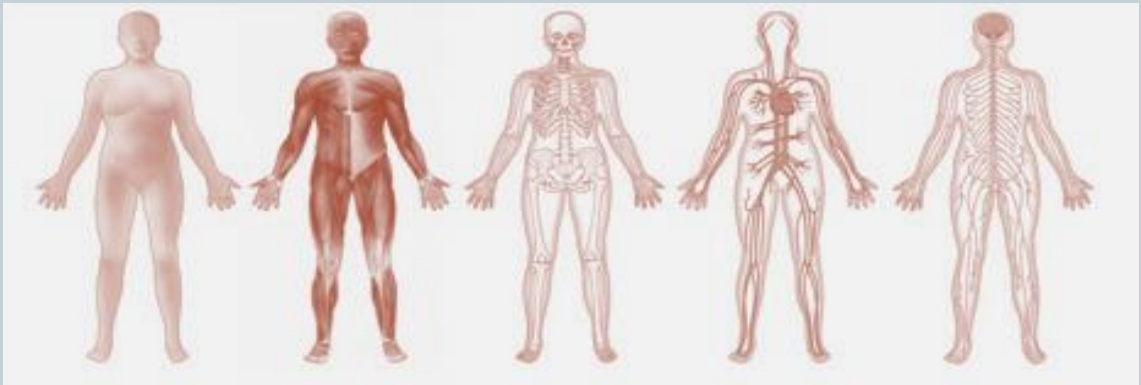
Biology

Oppression

Mental Health

Biology and Mental Health

- Types of biological and physical factors that impact mental health are: genes, infections, nutrition, hormones, toxins, substance use, and brain injury.
- Some people are biologically predisposed to having mental health disorders, but it is the interaction between biology and environment that results in mental health disorders.



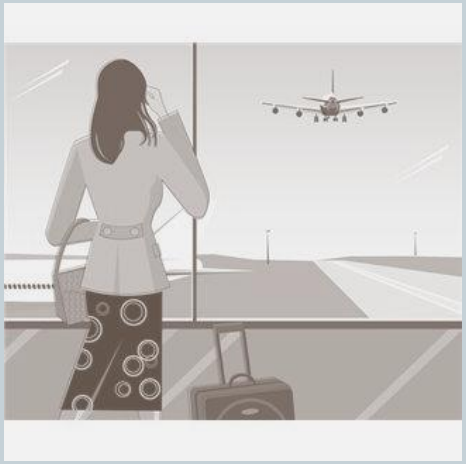
Biology and Mental Health continued

Physical factors can change. For example, acquiring a traumatic brain injury (TBI) can result in changes in mental health.

Some DV survivors experience traumatic brain injury as a result of being assaulted in the head or strangled by an abusive partner. These injuries can cause changes in thinking and behavior which look like or include mental disorders.

Culture and Mental Health

Culture can influence what is considered to be healthy behavior and what is considered to be mental illness.



For some people making the transition from an environment where their cultural identity is the norm to an environment where they are a minority can negatively impact their mental health.

Cultural expectations or the inability to meet them can also impact mental health.

Environmental Stressors and Mental Health

Environmental stressors can trigger mental health disorders in someone who is predisposed to them or whose resilience has been diminished. Stressors include:

- Trauma (e.g., domestic violence)
- Death or divorce
- Poverty or change in finances
- Changes regarding work or school
- Imprisonment
- Change in living situation
- Changes in sleeping or eating or exercise

Oppression and Mental Health

- Oppression impacts the mental health of individuals and communities.

- Injustices perpetrated against entire cultural groups can result in the intergenerational transmission of trauma.

  For example, Native American children were forcibly placed in boarding schools. They were forbidden to speak their language and practice their spiritual beliefs and many were sexually abused. This negatively impacted many generations.

Stigma

"Mental illness" is a term used to refer to a range of mental health disorders.

There is tremendous stigma about mental illness. This stigma erodes confidence that mental disorders are real, treatable health conditions. It also creates barriers to people seeking services. (Adapted from the website of the National Alliance on Mental Illness www.nami.org)

In fact, many people are moving away from using the term "mental Illness" because it is so stigmatized.

Stigma continued

- For that reason, we recommend using the term "mental health concerns" rather than "mental illness." To describe a particular condition, it may also be appropriate to use the term "mental disorder."
- We can also address the problem of stigma by talking about how common mental health concerns are and how understandable they are in response to ongoing trauma.
- Treating people who have mental health concerns with respect and dignity also helps to reduce stigma.

Lesson 4:
Mental Health Diagnoses

AS A RESULT OF THIS LESSON, YOU WILL BE BETTER ABLE TO:

Describe the purpose of mental health diagnoses and the pros and cons of receiving a diagnosis

Understanding MH Diagnoses

In this lesson we will discuss:

- **Why** diagnoses are given
- **How** a diagnosis is made
- **What** common diagnoses mean

We are providing this information to help you better communicate with MH providers and with service recipients about diagnoses. This information is *not* intended to enable you to diagnose anyone.

We'll cover the **When** and **Where** of treatment in the Mental Health Response course.

Concerns about MH Diagnoses

Many DV advocates and DV survivors are uncomfortable with the use of mental health diagnoses because of realistic concerns that:

- The mental health practitioner may not be aware of or understand the survivor's experience of trauma and may misdiagnose the survivor.
- The diagnosis may stigmatize or seem to blame the survivor.

Concerns about MH Diagnoses continued

- The diagnosis may give the batterer new opportunities to abuse and control the survivor.
- The diagnosis may contribute to the survivor losing her/his job or custody of her/his children.

What are some of your concerns with mental health diagnoses?

Reasons for MH Diagnoses

There are 3 primary reasons for mental health diagnoses:

1. Funding
2. Treatment
3. Communication

Understanding these reasons can enable you to discuss the pros and cons of receiving a diagnosis with a survivor.

The Role of Funding

- Public funding and private insurance reimbursement for mental health services require that a mental health diagnosis be provided.
- Social Security Disability Insurance and other types of assistance for people with disabilities also require a mental health diagnosis, if the disability being claimed is a psychiatric disability.

Diagnoses, Treatment and Communication

- A diagnosis helps a mental health service provider to determine the specific types of counseling and/or medication that may be beneficial.

- Diagnoses also provide a common language for mental health service providers to consult with each other and for people with the disorder to better understand their experiences.

What You Can Do

You can help reduce the potential negative impact of a mental health diagnosis by:

- Establishing good working relationships with mental health service providers in your area.
- Encouraging survivors to discuss their experience of DV with the mental health service provider.
- Talking with providers about how they document information about DV survivors. Help them to understand how batterers use MH diagnoses to further control their abused partner.

What You Can Do continued

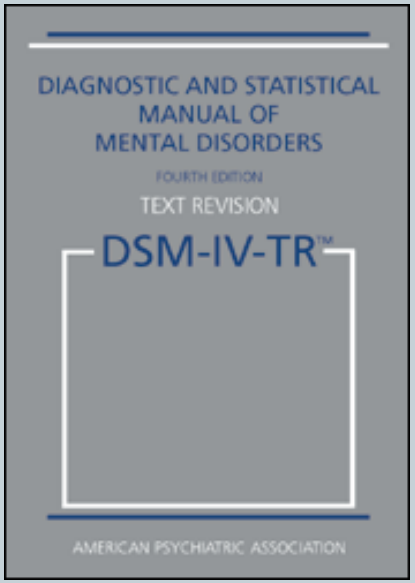
For example:

In a report to a family court judge, the mental health service provider wrote, “Maggie L has experienced domestic violence. She is seeing me for treatment of depression.”

An advocate reviewed the document and suggested that the provider change the language to “Maggie L is seeing me for treatment of depression that she is experiencing as a result of being physically assaulted and emotionally abused by her partner.”

The Diagnostic Manual – The DSM

- The Diagnostic and Statistical Manual of Mental Disorders (The DSM) is the primary reference book that guides mental health service providers in making diagnoses in the U.S. It is published by the American Psychiatric Association.
- It is periodically updated to integrate changes in understanding.
- DSM-V (the 5th edition) is due to be released in the Spring of 2013 and will contain some significant changes.



The DSM continued

- Each disorder listed in the DSM has criteria for making a diagnosis. The criteria typically involve the presence of a certain number of **symptoms** from a provided list.
- The symptoms need to be of sufficient **severity** and need to have existed for a minimum or maximum **duration** depending on the disorder.
- The diagnosis may also have various **subtypes**. For example, a person might be diagnosed with Major Depressive Disorder, Chronic or with Major Depressive Disorder, Postpartum Onset.

The DSM and Culture

The DSM also addresses cultural considerations. It cautions against making diagnostic conclusions about a person from another culture without sufficient information about their cultural norms.

For example, the DSM-IV states:

> "It is important to distinguish symptoms of Brief Psychotic Disorder from culturally sanctioned response patterns…In some religious ceremonies, an individual may report hearing voices, but these do not generally persist and are not perceived as abnormal by most members of the person's community."

The DSM and Culture continued

- The criteria for diagnoses in the DSM are based on socially-constructed norms about what constitutes a mental disorder. These norms evolve and so does the DSM.
- For example, the DSM used to list Homosexuality as a mental disorder. It was changed to Sexual Orientation Disturbance, then to Ego-dystonic Homosexuality, and finally removed altogether in 1986.
- Gender Identity Disorder is listed as a mental disorder in the DSM-IV-TR. However, this could change in the future, possibly to Gender Incongruence Disorder.

Types of Mental Health Disorders

There are many different types of mental health disorders. We will focus on these categories:

Anxiety Disorders

Mood Disorders

Dissociative Disorders

Psychotic Disorders

Personality Disorders

Anxiety Disorders

Anxiety is a normal reaction to stress.

It becomes a diagnosable disorder when the fear is excessive or irrational and impairs functioning.

Many people who experience DV are put in situations on a regular basis where they have valid reasons to be afraid.

The toll this takes on them may lead to the development of an anxiety disorder or the exacerbation of an existing anxiety disorder.

Types of Anxiety Disorders

There are several different types of anxiety disorders. What they share in common is fear and dread.

The good news is that most types of anxiety disorders respond very well to treatment.

We will briefly cover:

- Generalized Anxiety Disorder (GAD)
- Obsessive Compulsive Disorder (OCD)
- Panic Disorder
- Phobias
- Post Traumatic Stress Disorder (PTSD)

Generalized Anxiety Disorder

- As the name suggests, this disorder involves a general feeling of anxiety.
- People with Generalized Anxiety Disorder (GAD) worry excessively.
- This can make it hard for them to relax, to concentrate, and to sleep.
- GAD may involve physical symptoms such as fatigue, headaches, sweating, nausea, and dizziness.

Obsessive Compulsive Disorder

- People with Obsessive Compulsive Disorder (OCD) have obsessions and compulsions.
- Obsessions are persistent, upsetting thoughts.
- Compulsions are behaviors or rituals the person does to try to calm the anxiety produced by the obsessions.
- For example, a person who is obsessed with germs may compulsively wash their hands in order to feel more at ease.
- The compulsions are done regardless of how they may interfere with daily life.

Panic Disorder

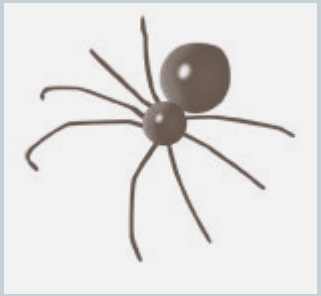
- People with Panic Disorder experience panic attacks, incidences of extreme fear usually accompanied by physical symptoms. The sensations of a pounding heart, pain, shortness of breath, etc. may lead them to feel that they are having a heart attack or are dying.
- The panic attacks themselves as well as the fear of having another one can be debilitating.

- They may grow to fear the place where a panic attack took place or things they associate with triggering the attack. This can lead to the development of Phobias.

Phobias

Phobias are intense, irrational fears of objects or situations. There are many, many types. Some examples are:

- Agoraphobia - the fear of open spaces or places where escape might be difficult (people with agoraphobia may be afraid to leave their home or shelter)
- Arachnophobia - fear of spiders
- Social Phobia – fear of social situations



Even thinking about what they fear can cause a great deal of distress to people with phobias.

Post Traumatic Stress Disorder

Post Traumatic Stress Disorder (PTSD) is a disorder that develops in response to experiencing or witnessing a traumatic event or hearing about trauma experienced by a loved one.

People with PTSD repeatedly re-experience the trauma.

This may take the form of memories, nightmares, flashbacks or feeling as though the past event is happening in the present.

Post Traumatic Stress Disorder continued

Other symptoms of PTSD include:

- Emotional numbness and detachment
- Problems with recalling the trauma
- Difficulty sleeping or concentrating
- Hypervigilance
- Exaggerated startle response
- Physical reactions and emotional distress in response to reminders of the trauma
- Avoidance of reminders

PTSD and DV

Many survivors of DV are diagnosed with Post Traumatic Stress Disorder (PTSD) due to their ongoing reactions to the DV they have experienced.

This diagnosis may not be able to fully capture the ongoing, chronic, current nature of their experiences.

Many survivors say there is nothing “post” about their trauma. However, there is no “*Current* Traumatic Stress Disorder” in the DSM.

Mood Disorders

It is common to experience ups and downs in life. Sometimes you might feel particularly good and sometimes you might feel particularly sad.

People with Mood Disorders experience ups or downs or ups *and* downs that are more extreme and more prolonged.

We will focus on these Mood Disorders:

- Major Depressive Disorder
- Dysthymic Disorder
- Bipolar Disorder

Major Depressive Disorder

People with Major Depressive Disorder experience depression or loss of interest or pleasure in nearly all activities for at least two weeks.

They also experience some of the following symptoms:

- Unintentional changes in weight or appetite
- Sleep problems
- Restlessness or lethargy
- Worthlessness or guilt
- Thoughts of death or suicide
- Trouble concentrating or making decisions

Major Depressive Disorder continued

To meet criteria for Major Depressive Disorder the symptoms need to cause significant distress or impair functioning.

In addition to the factors that can lead to MH disorders that were mentioned in Lesson 3, Major Depressive Disorder can also be triggered by giving birth or by changes in seasons.

However, sadness from grief and depressive symptoms that are caused by substances or medical conditions are distinct from Major Depressive Disorder.

Dysthymic Disorder

- Dysthymia is long-term depression.
- To be diagnosed with Dysthymic Disorder a person must be depressed most of the day, more days than not, for at least two years.
- People with Dysthymic Disorder may feel that the disorder is “just how they are” and may not have much hope for change.
- Some people experience “double depression” which is Dysthymia with episodes of Major Depressive Disorder.

Bipolar Disorder

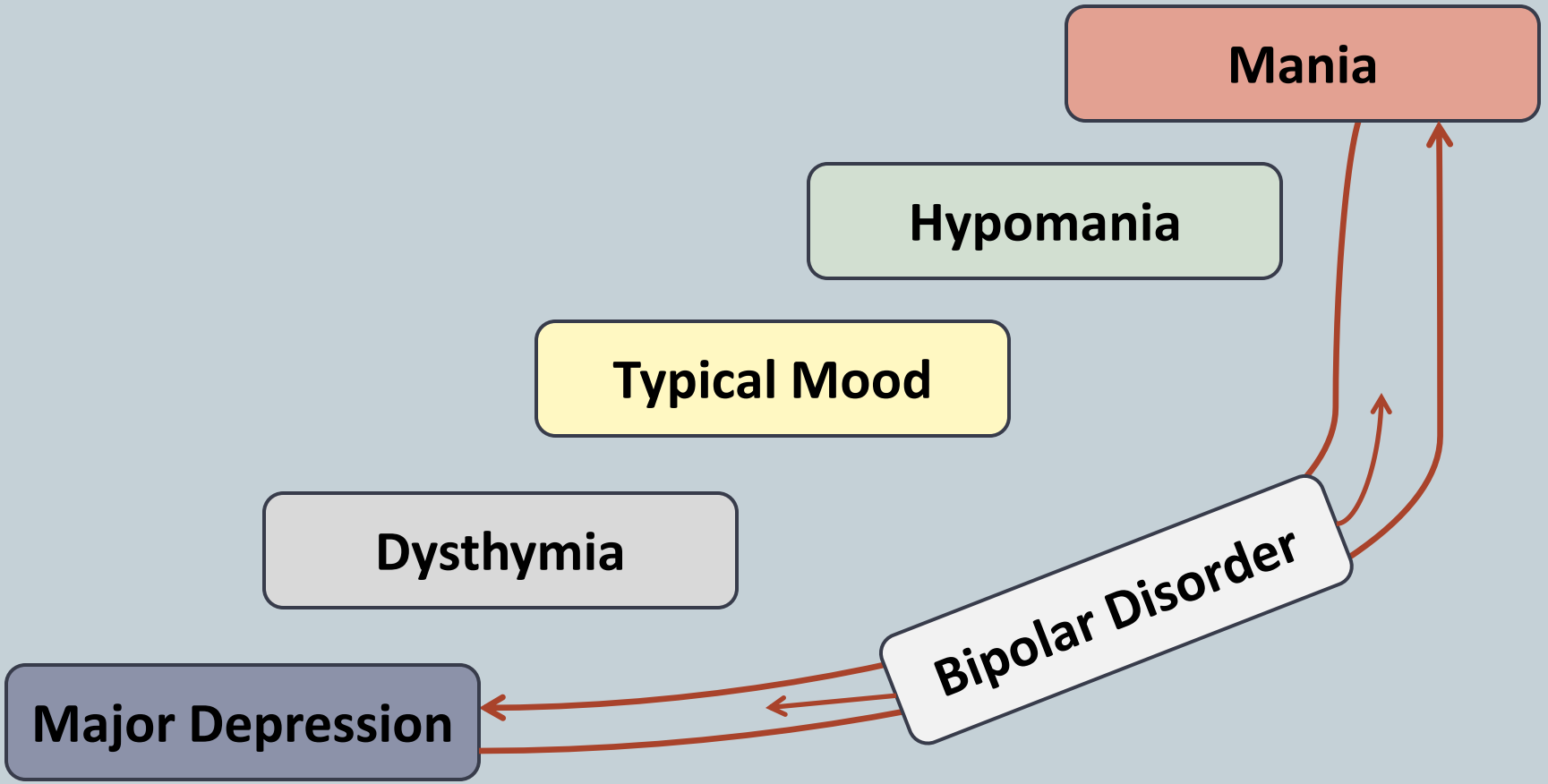
- Bipolar Disorder used to be known as Manic-Depression.
- The word bipolar refers to two poles or two extremes (i.e., mania and depression.)
- People with Bipolar Disorder cycle between periods of depression and periods of mania. These are usually distinct periods, but some people switch back rapidly between depression and mania.
- Some people experience hypomania, a more mild form of mania with no significant functional impairment.

Bipolar Disorder - Mania

Mania is a period of abnormal and persistent elevated, expansive, or irritable mood. People who are manic also experience some of the following symptoms:

- Racing thoughts, more talkative than usual
- Distractible
- Inflated self-esteem or grandiosity
- Decreased need for sleep
- Agitated, highly goal-directed, high-risk behavior (e.g., shopping sprees, gambling, hyper-sexuality, etc.)

Mood Disorders at a Glance



Dissociative Disorders

In healthy individuals consciousness, memory, identity and perceptions of the environment are all well integrated. This is not the case for people with dissociative disorders.

Dissociative Disorders include:

- Dissociative Amnesia (essentially traumatic forgetting)
- Depersonalization Disorder (deep sense of detachment)
- Dissociative Identity Disorder (we will focus on this one)

Dissociative Identity Disorder

- Dissociative Identity Disorder (DID) used to be known as Multiple Personality Disorder.
- People with DID have a fractured sense of self. They have two or more distinct identities each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self.
- It is believed that DID most likely results from extreme cases of childhood physical and sexual abuse and is the mind's way of trying to protect itself.

Psychotic Disorders

People with Psychotic Disorders have delusions and hallucinations.

- **Delusions** are false beliefs that are not part of the person's culture and do not change in the face of logic or factual information.
- **Hallucinations** are things a person sees, hears, smells, or feels that no one else experiences and that are not part of that person's culture.

Types of Psychotic Disorder include: Schizophrenia, Schizophreniform Disorder, Schizoaffective Disorder, and Delusional Disorder.

Schizophrenia

- Some people confuse Schizophrenia with multiple personalities (now called Dissociative Identity Disorder) in part because “Schiz” means “split” and makes people think of split personalities.
- However, Schizophrenia is not a fracturing or splitting of personalities, but more like a split from reality and organized, coherent thought.
- People with Schizophrenia have some of the following symptoms: delusions, hallucinations, disorganized speech, and catatonia (an odd lack of movement and/or expression.) Some people exhibit paranoia as well.

Other Psychotic Disorders

- **Schizophreniform Disorder** is like a milder form of Schizophrenia. The duration of the symptoms is shorter and there is not the same decline in functioning.
- **Schizoaffective Disorder** is Schizophrenia with a mood component. “Affective” refers to emotion.
- **Delusional Disorder** is diagnosed when a person has delusions about things that are actually possible (but not happening) without other symptoms of Schizophrenia like odd behavior. An example would be believing that President Obama is in love with you (and you are not Michelle Obama and you do not know him), but not acting on that belief.

Personality Disorders

A Personality Disorder:

- Is an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture,
- Has an onset in adolescence or early adulthood,
- Is pervasive and inflexible,
- Is stable over time, and
- Leads to distress or impairment.

The entrenched nature of personality disorders makes them difficult to treat and highly stigmatized.

Types of Personality Disorders

Types of Personality Disorders Include:

- Antisocial
- Avoidant
- Borderline
- Dependent
- Histrionic
- Narcissistic
- Obsessive-Compulsive
- Paranoid
- Schizoid
- Schizotypal

We will briefly cover each, cover Borderline Personality Disorder in more depth, and then discuss upcoming changes to this whole category of mental disorders.

Antisocial to Narcissistic

Below are the main features of each Personality Disorder:

- Antisocial – disregard for/violation of the rights of others
- Avoidant – socially avoidant, hypersensitive
- Dependent – submissive, clingy
- Histrionic – attention seeking, emotional
- Narcissistic – grandiose, self-centered, lacking empathy

Obsessive-Compulsive to Schizotypal

Below are the main features of each Personality Disorder:

- Obsessive-Compulsive – preoccupied with orderliness, perfectionism, control
- Paranoid – distrustful, suspicious, thinks others are out to get them

- Schizoid – socially detached, limited emotional range
- Schizotypal – socially awkward, thought distortions, odd behavior

Borderline Personality Disorder (BPD)

The main features of Borderline Personality Disorder are:

- Instability of relationships, self-image, and emotions
- Impulsivity (e.g., reckless spending, sex, drugs, driving)

People with BPD also have some of the following:

- Fear of abandonment, feelings of emptiness
- Alternating between idealizing and hating others
- Suicide attempts or deliberate self-harm
- Intense moods (anger, anxiety, sadness, irritability)
- Occasional stress-related paranoia or dissociation

Borderline Personality Disorder continued

People with BPD are no longer thought of as being on the "border" of being Psychotic, but the diagnosis is controversial because:

- Approx. 75% of those diagnosed with BPD are women.
- Trauma responses can be misconstrued as BPD.
- Many survivors of DV have reported being misdiagnosed with BPD.
- It is highly stigmatized both by the general public and by mental health clinicians.
- Treatment is improving, but used to be ineffective.

Personality Disorders and the DSM-V

The DSM-V may contain substantial changes for the whole category of Personality Disorders (PD).

The number of personality disorder types may be reduced and the process for determining if someone meets the criteria for a PD will most likely change.

These changes are based on developing research and understanding in this area.