

Mental Illness

Training Guide



To use this lesson for self-study, the learner should read the material, do the activity, and take the test. For group study, the leader may give each participant a copy of the learning guide and follow this teaching plan to conduct the session. Certificates may be copied for everyone who completes the lesson.

Objectives

Participants completing this lesson will be able to:

- Recognize symptoms of mental illness.
 - Describe characteristics of mental illness.
 - List treatments and care measures for mental illness.
 - Discuss medicines used in the treatment of mental illnesses.
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Preparation: If you have a television and a videotape player, arrange to use it for your training session. Rent the movie “A Beautiful Mind,” with Russell Crowe. Watch the movie if you have not already done so. Wind the tape forward to the place where the main character is shown trying not to talk to the people that he sees but knows are not real (toward the end of the movie).

The Lesson

If you have been able to set up the tape of the movie (above), begin the session by briefly explaining what has happened in the movie up to the part you are going to show. Play the part of the movie indicated. Afterward, allow for discussion. Ask participants to imagine how it feels to see or hear people or things that don't exist. Encourage them to put themselves in the place of someone with mental illness and think about the difficulties the mentally ill face in their daily lives.

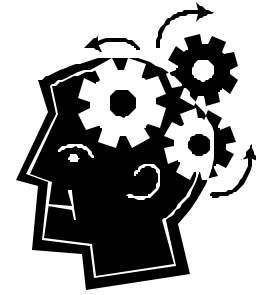
Work through the learning guide with the participants, discussing the symptoms and characteristics of each type of mental disorder. Emphasize that participants should learn to recognize signs of mental illness and report them to a medical professional. If you have clients with any of these disorders, you might want to discuss their care at this time.

Review the treatment options and medications presented in the learning guide and discuss the care measures required for people who take medicines for mental illness.

Conclusion: Participants who take the test and score at least ten correct answers may receive a certificate of achievement. Test answers: 1. brain. 2. d. all of the above. 3. True. 4. False. 5. depression. 6. False. 7. obsessive-compulsive. 8. False. 9. True. 10. antipsychotic; schizophrenia. 11. True. 12. dementia. 13. dry mouth, constipation, appetite changes, weight gain, blurred vision, drowsiness, loss of sexual function. 14. mania.

MENTAL ILLNESS

Learning Guide



Mental health problems are common among the elderly, the chronically ill or disabled, and the poor. Since people with mental illness can demonstrate many different symptoms, we often do not recognize the signs. As a result, many people do not receive the medications or treatments that might help. Caregivers should learn how to recognize mental illness and how to care for the mentally ill.

WHAT IS MENTAL ILLNESS?

Mental illness is a brain disorder that causes abnormal ways of *thinking, feeling, or acting*.

Symptoms of abnormal thinking:

P Delusions. This means believing things that are not true. A person might think someone wants to kill or hurt them.

P Hallucinations. This means seeing or hearing things that are not really there. A person who is hallucinating might hear people talking to him when no one is.

P Confused thinking. The person might be illogical or not understand things happening around him.



P Suicidal thoughts. Someone with a mental illness might have frequent or constant thoughts of killing him or herself.

Symptoms of abnormal behavior:

- ⇒ Disruptive or anti-social behaviors.
- ⇒ Changes in sleeping routines.
- ⇒ Changes in eating habits.
- ⇒ Alcohol, drug, or medicine abuse.
- ⇒ Very slow or fast speech or movements.

- ⇒ Agitated behavior or fits of temper.
- ⇒ Changes in hygiene practices.
- ⇒ Unwillingness to cooperate.
- ⇒ Easily distracted, can't pay attention.
- ⇒ Withdrawal from normal activities or from people.

Symptoms of abnormal feelings:

- ⇒ Frequent mood changes.
- ⇒ Depression or sadness.
- ⇒ Anxiety, worry, or panic.
- ⇒ Irritability or anger.
- ⇒ Frequent crying, tearfulness.



- ⇒ Apathy, poor motivation.
- ⇒ Hopeless and/or helpless feelings.
- ⇒ Excessively low or high self-esteem.
- ⇒ Excessively energetic or euphoric.
- ⇒ Poor judgment, impulsiveness.

TYPES OF MENTAL DISORDERS

Many different things cause mental health problems. Sometimes mental disorders are genetic, meaning they run in families. Mental illnesses can be caused by reactions to stressful events, by imbalances in the body's chemistry, or by a combination of several factors. The symptoms of mental illness occur because the brain is not functioning well. This affects the person's thought processes, emotions, and/or behavior. **It is important to remember that mentally ill people usually cannot control the way they think, feel, or behave. Mental illness is not the person's fault. They cannot help themselves.**

The seven main types of mental disorders are: cognitive, dissociative, anxiety, eating, mood, personality, and psychotic disorders.

COGNITIVE DISORDERS

Cognitive impairment is a loss of mental abilities and awareness that occurs in varying degrees with a variety of underlying causes. In the elderly it is usually caused by physical changes in the brain. Symptoms include loss of intellectual abilities, personality changes, forgetfulness, inability to concentrate, poor judgment, and verbal confusion. It can hinder a person's ability to do daily activities.



Dementia. This disorder involves the parts of the brain that control thought, memory and language. Healthy brain tissue deteriorates, causing a steady loss in memory and mental abilities. Strokes or changes in the brain's blood supply may result in the death of brain tissue. Symptoms of dementia caused by problems with blood vessels can appear suddenly, whereas symptoms develop slowly in persons with Alzheimer's disease. Although found primarily in the elderly, 50% of people with AIDS develop dementia.

Alzheimer's Disease. This is the most common form of dementia among people age 65 and older. It may begin with slight memory loss and confusion, but eventually leads to a severe, permanent mental impairment that destroys the ability to remember, reason, learn, and imagine. On the average, people die within 10 years of getting Alzheimer's.

DISSOCIATIVE DISORDERS

These disorders come in many forms, all thought to stem from traumatic events. When an extremely stressful event occurs, the person is too overwhelmed to process it and tries to cope with the trauma by separating him or herself from the experience. This can lead to loss of memory or the formation of separate personalities.

Dissociative Identity Disorder. This disorder is evidenced by two or more personalities or identities that control a person's consciousness at different times. It used to be called multiple personality disorder.

Dissociative amnesia. In this disorder the person forgets some or all of his personal information, such as who he is or where he lives.

ANXIETY DISORDERS

Anxiety causes physical symptoms such as rapid shallow breathing, increased heart rate, sweating, and trembling. It can cause emotional symptoms including alarm, dread, and apprehension. Treatment may include medication, therapy, or a combination.

Panic disorder. This is a sudden onset of intense fear, apprehension, and impending doom that may last from minutes to hours. Approximately 1 in 3 people with panic disorder develop agoraphobia. Persons with agoraphobia are afraid of having attacks in public, so they avoid leaving the house.

Post-traumatic stress disorder. Persons with this disorder re-experience the anxiety associated with a previous traumatic event. Many times it is caused by exposure to an extremely stressful event, such as abuse or rape.

Phobias. A person with a phobia feels very anxious when exposed to a particular object or situation, such as a high place. The person fears and avoids whatever causes the anxiety.

Obsessive compulsive disorder (OCD). OCD is characterized by the need to maintain control, order, neatness, cleanliness, and/or perfection. People with OCD feel compelled to perform repetitive acts such as handwashing or repeatedly checking to be sure a door is locked. Luvox is the drug used to treat this disorder.

Generalized anxiety disorder (GAD). This disorder may occur at any age. It is diagnosed after at least six months of persistent, excessive anxiety and worry. Drugs used to treat many forms of anxiety disorders include Tenormin, Tranxene, Valium, Xanax, Ativan, Centrax, Inderal, Serax, BuSpar, and Klonopin.

PERSONALITY DISORDERS

Personality disorders are chronic conditions with biological and psychological causes. Psychotherapy is the treatment, sometimes along with medications.

Borderline personality disorder. This disorder is characterized by impulsive behavior, unstable social relationships, and intense anger. These persons can have periods of psychotic thinking, paranoia, and hallucinations.

Obsessive-compulsive personality. These people tend to be high achievers. They are dependable and orderly but can't adjust to change and are intolerant of mistakes. They can be uncomfortable with relationships. This is not the same as obsessive-compulsive disorder.

Passive-aggressive personality. These people hide hostile feelings and try to control or punish others.

Narcissistic personality. Persons with this personality feel superior to others and expect to be admired. They are seen as self-centered and arrogant.

Antisocial personality, formerly called psychopathic or sociopathic personality.

These people show no regard for the rights and feelings of others. They do not tolerate frustration and become hostile or violent. They show no remorse or guilt and blame others for their behavior. They are prone to addictions, sexual deviation, job failures, and abuse. Most are male.



MOOD DISORDERS



Mood disorders usually involve chemical imbalances in the brain, and are often treated with antidepressants and/or psychotherapy.

Depression. Depression causes severe, prolonged sadness. It can affect a person's thoughts, feelings, behavior, and physical health. It may develop at any age. Depressed people often look sad or expressionless and lose interest in normal activities. Depression is the leading cause of disability in the U.S., affecting more women than men.

Older people often think sadness is part of aging, or that forgetfulness, loss of appetite, and insomnia are symptoms of dementia. Depression is not a sign of old age. It is an illness and needs treatment like any other illness.

Drugs used in the treatment of depression:

- Tricyclics: Anafranil, Elavil, Tofranil, Norpramin, Pamelor, Sinequan, Vivactil, Aventyl
- Selective Serotonin Reuptake Inhibitors (SSRIs): Celexa, Paxil, Luvox, Zoloft, Prozac
- Monoamine Oxidase Inhibitors (MAOIs): Parnate, Nardil, Marplan
- Others: Desyrel, Effexor, Remeron, Serzone, Wellbutrin, Buspar, Zyban

Bipolar disorder, also called manic depression, causes episodes of severe mania (euphoria, increased energy and confidence) and depression (sadness, fatigue, poor concentration) that alternate with periods of normal mood. It occurs equally in men and women. This illness can be successfully treated with medications like Eskalith, Lithobid, Lithonate, Depakote, and Depakene.

Seasonal affective disorder (SAD).

This disorder is characterized by recurrent bouts of depression in certain months of the year, usually fall and winter. Symptoms include oversleeping, carbohydrate craving, weight gain, lethargy, and social withdrawal. SAD is treated by bright fluorescent light, which alters the levels of brain chemicals. Sometimes antidepressants are used.

PSYCHOTIC DISORDERS

In acute phases of psychosis a person loses touch with reality and is unable to meet the ordinary demands of life. Most psychotic episodes are brief.

Schizophrenia. Schizophrenia is a severe and chronic brain disorder that impairs the ability to think clearly, make decisions, and relate to others. Persons with this disorder suffer frightening symptoms that leave them fearful and withdrawn. One out of every hundred people has this treatable illness, men and women alike. It involves problems with brain structure and chemistry.

People with schizophrenia do not have a "split personality." They may have delusions or hallucinations. They cannot tell what is real and what is not real. People with this disorder may talk to themselves, walk in circles, pace, and have difficulty carrying on conversations. There may be a lack of facial expression. They may be unable to follow through with activities they start.

Schizophrenia is manageable with medication and psychotherapy. Acute episodes are treated with hospitalization and antipsychotic drugs.

TREATMENT OF MENTAL ILLNESS

Mental health disorders are treatable, and many people recover. Medications, psychotherapy, psychoeducation, electroconvulsive therapy, and self-help and support groups are used in the treatment of mental illnesses. Anything that improves a person's quality of life can help, such as pets, social events, activities, or reality orientation classes. Many communities and facilities are affiliated with mental health professionals that can screen for mental health problems and conduct therapy sessions.

MEDICATIONS



Many of the medicines used to treat mental illness cause unpleasant side effects. Some of the more common ones are dry mouth, constipation, blurred vision, appetite changes, loss of sexual function, drowsiness, and weight gain. Drinking 8 glasses of water a day and eating fruits and vegetables can help with some of this.

Antipsychotic drugs can cause tremors, stiffness, muscle contraction and rigidity, restlessness, and loss of facial expression. Elderly people and those that have taken these medicines for years sometimes develop a condition called tardive dyskinesia. This causes uncontrolled facial movements and jerking or twisting movements of other body parts. This condition can be treated with medication.

PSYCHOTHERAPY

Psychotherapy is the use of psychological techniques to change behaviors, feelings, thoughts, or habits. It is recommended for persons experiencing emotional distress.

- **Behavior Management.** The aim of behavior management is to increase the occurrence of desirable behavior by rewarding the person for acting correctly. Unsuitable behavior is reduced by giving negative consequences.
- **Cognitive Therapy.** Cognitive therapy emphasizes a rational and positive view. This therapy attempts to change destructive thought patterns that can lead to disappointment and frustration. It is effective with anxiety and depression.
- **Psychoeducation.** Psychoeducation is teaching people about their illness, treatment, and how to recognize a relapse. Teaching coping skills to the family will help them deal with an ill relative.
- **Electroconvulsive Therapy.** This treatment is used only for delusions and hallucinations, major depression, or serious sleep and eating disorders that cannot be effectively treated with drugs. Sedatives are given, and then low doses of electric shock are applied to the brain. Most people show rapid improvement.
- **Self-help and Support Groups.** These groups help because members give each other ongoing support. It's comforting to know others have the same or similar problems. These groups can also help families work together for needed research, treatments, and community programs.



Medication of the Month



RISPERDAL

Scientific Name: Risperidone

Risperidone is an antipsychotic drug used to treat the symptoms of psychotic disorders, such as schizophrenia. It comes in liquid form and tablet form. The liquid form has 1 milligram of medicine per 1 milliliter of liquid. The tablets are available in 0.25, 0.5, 1, 2, 3, and 4 mg tablets.

Important Cautions

Elderly people may be sensitive to risperidone, increasing the chance of side effects.

Risperidone may add to the effects of these drugs, causing unwanted effects such as increased drowsiness or low blood pressure:

- Antihypertensives
- Tricyclic antidepressants
- Central nervous system depressants

Risperidone may interfere with the effects of these medicines so they do not work properly:

- Bromocriptine (Parlodel)
- Levodopa (Dopar, Larodopa)
- Pergolide (Permax)

These medicines may affect the blood levels of risperidone so that risperidone does not work properly or causes unwanted effects:

- Carbamazepine (Epitol, Tegretol) or
- Clozapine (Clozaril)

Medical problems may affect the use of risperidone. Risperidone may worsen these conditions:

- Breast cancer
- Parkinson's disease
- Heart or blood vessel problems, including stroke

Risperidone may increase the risk of seizures. Use caution in epilepsy or other seizure disorders.

Higher blood levels of risperidone may occur in the presence of kidney or liver disease, increasing the chance of side effects.

Suddenly stopping the medication may cause an acute psychotic episode.

Dosing. Oral solution should NOT be mixed with cola or tea. The dose should be stirred into 3-4 ounces of water, coffee, orange juice, or low-fat milk immediately before taking. Dosage is usually not more than 3 mg. a day for older adults, and not more than 16 mg. a day for younger adults. Doctors often start people on 0.5 mg. twice a day and then increase the dosage as needed.

Storage. Store away from heat and direct light. Do not store in damp areas. Heat or moisture may cause the medicine to break down. Do not freeze the oral solution.

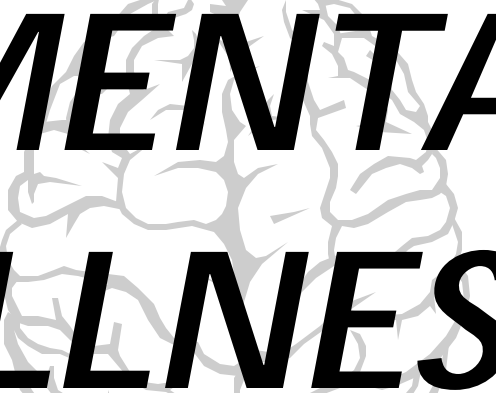
Side effects. Dizziness or lightheadedness when getting up from a lying or sitting position, blurred vision, drowsiness, and sensitivity to sunlight may result. Tardive dyskinesia (a movement disorder) may occur. Signs of this disorder include uncontrolled movements of the mouth, tongue, jaw, arms, or legs. Other serious but rare side effects may occur, such as neuroleptic malignant syndrome, which may cause severe muscle stiffness, fever, severe fatigue, difficulty breathing, loss of bladder control, or seizures. Uncontrolled movements of arms and legs may occur after the drug is stopped.

Certificate of Achievement

Awarded to _____
(Name of Participant)

For Completing the One-Hour Course Entitled

***MENTAL
ILLNESS***



Date of Course: _____

Facility or Agency: _____

Presented by: _____
(Signature of presenter, or write "self-study")