Mental Health and Supports
Mental Illness & Recovery

April 14, 2015
Your Presenters

Gabe Howard

Gabe Howard is a professional speaker, writer, and activist as well a person living with bipolar and anxiety disorders. Diagnosed in 2003, he has made it his mission to put a human face on mental illness. He is the recipient of several awards in mental health, most recently the prestigious Norman Guitry Award of Mental Health America of Franklin County. To learn more or hire Gabe go to: http://gabehoward.com/.

Peg Morrison

Peg is the director of programs for NAMI Ohio, where she organizes volunteer trainings, helps to develop NAMI affiliates across the state, and talks to groups about mental illness. She has 20 years of experience in nonprofit communications, event planning and development.
Gabe Howard: Mental Illness Speaker, Writer, & Activist

posted on FEBRUARY 7, 2015 · 2 comments

Gabe Howard is a professional speaker, writer, and activist as well as a person living with severe bipolar and anxiety disorders. Diagnosed in 2003, he has made it his mission to put a human face on mental illness, confronting the fear, discrimination, and stigmatization people with mental illness face. Society often sees people living with mental illness at their worst and he works to add a more balanced view to the conversation. Gabe is frequently irreverent, often too loud, and always unpredictable, but anyone who knows him will tell you that life would be so boring without him.
National Alliance on Mental Illness

- Founded in 1979
- Original “NAMI Mommies” Harriet Shetler and Beverly Young
- Largest grassroots movement in the nation with a focus on mental health
- 50 local affiliates that cover most of Ohio’s 88 counties
NAMI Ohio Mission: To improve the quality of life, ensure dignity and respect for persons with serious mental illness, and to support their families.
What’s the difference?

**Mental illness**

- Nothing at all to do with intelligence
- Persons with mental illness may be very competent socially
- 16-20% have a mental illness
- May occur at any age
- Often temporary and/or reversible with treatment
- May vacillate between “normal” & irrational behavior

**Developmental disability**

- Typically impacts intellectual functioning
- There is impairment in social adaptation
- 3% of national population
- Usually present at birth
- Impairment is permanent to some degree
- Behavior is rational at the individual’s functional level
NAMI Signature Programs

• Classes
  • Family-to-Family
  • Basics
  • Peer-to-Peer

• Support Groups
  • Family Support
  • Peer Connections
What is mental illness?

- Medical condition that disrupts thinking, feeling, mood, ability to relate to others, daily functioning

- A disease of the brain, similar to other physical conditions like diabetes, thyroid, heart disease

- May strike persons of any age, race, religion or income

- Not the result of personal weakness, lack of character, or poor upbringing

- Treatable!

*Source: National Institute of Mental Health*
HIM
- Exudes melancholy
- Suicidal; long walks in the woods with his gun (not hunting)
- Despondent even as his career peaks

HER
- Compulsive spending
- Periods of darkness
- Public outbursts & verbal abuse
- Violent; threw a log at his head because fire wasn’t made quickly
- Fear of being poisoned leads to induced vomiting
HIM
- Exudes melancholy
- Suicidal; long walks in the woods with his gun (not hunting)
- Despondent even as his career peaks

HER
- Compulsive spending
- Periods of darkness
- Public outbursts & verbal abuse
- Violent; threw a log at his head because fire wasn’t made quickly
- Fear of being poisoned leads to induced vomiting
Types of mental illness:

- Anxiety Disorders
- Depression
- Post-Traumatic Stress Disorder (PTSD)
- Bipolar disorder
- Schizophrenia
Anxiety Disorders

Various Kinds:

- Panic disorder
- Generalized anxiety disorder
- Specific phobias
- Obsessive compulsive disorder
Panic
Generalized Anxiety Disorder

I HAVE GENERAL ANXIETY DISORDER AND I CAN'T KEEP CALM!!
Specific Phobias

Obsessive Compulsive Disorder (OCD)
Post-Traumatic Stress Disorder

Symptoms include:

- Flashbacks
- Nightmares
- Heightened startle response
- Road rage, general irritability
- Numbness

[Bar chart showing PTSD occurrence across different groups:]
- Suburban Police: 13%
- Firefighters: 15%
- Military Veterans: 30%
- Raped Adults: 36%
- Battered Women: 45%
- Abused Children: 50%
Symptoms include:

- Depressed mood such as feelings of sadness or emptiness
- Reduced interest in activities that used to be enjoyable
- Change in appetite or weight (up or down)
- Sleep disturbances, either not able to sleep well or sleeping too much
- Feeling agitated or slowed down
- Fatigue or loss of energy
- Feeling worthless or excessive guilt
- Difficulty with thinking, concentrating, or making decisions
- Suicidal thoughts or intentions
How we use the word “depression”

• Everyday let-downs
  “My friend canceled our lunch plans”

• Serious depression that is situational
  “My marriage is over”

• Major depression
  “On most days... I’m bad, the world is bad, the future is bad.”
Bipolar disorder

Symptoms include:

- Elevated or depressed mood (mania and depression)
- Anxiety
- Irritability
- Intense imagination
- Oppositional behavior
- High activity
- Hypersensitivity
- Difficulties with sleep
Bipolar disorder - continued

**What does a manic phase look like?**

- Racing thoughts; talking very **fast**
- Impulsive behavior
- Always on the go
- Up late; less need for sleep
Bipolar Depression

- Feeling hopeless, sad, empty
- **Irritability**
- Inability to experience pleasure
- Fatigue or loss of energy
- Physical and mental sluggishness
- **Mood swings**

- **Weight gain**
- **Sleeping a lot**
- Concentration and memory problems
- Feeling worthless or **guilty**
- Thoughts of death or suicide
Bipolar disorder

http://www.dbsalliance.org/site/PageServer?pagename=peer_life_unlimited
Two or more of the following symptoms occur persistently:

- Delusions
- Hallucinations
- Disorganized way of thinking
- Disorganized speech
- Confusing or catatonic behavior
- Lack of emotion/motivation

Social/occupational dysfunction in:

- Work or school
- Interpersonal relations
- Self care

Schizophrenia
Schizophrenia

Sign of schizophrenia: Delusions.

You are worthless.

We are watching!

They are all talking about me behind my back

Grandeur

Paranoia

www.photobucket.com/user/shannymacsss/media/cat-mirror

http://imgbuddy.com/hallucinations-schizophrenia-examples.asp
Schizophrenia

Hallucinations

“It’s incredibly distracting on the street to have somebody talking in your head, and it makes you feel completely isolated... They’re constantly being really negative and talking to you. Everything they’re saying relates to things that you’re actually doing... It’s eye-opening because it really shows you what other people must be going through who deal with this on a regular basis... I cannot wait to take these headphones off... It’s very creepy. I want it to stop.”

http://www.allthingsandersoncooper.com/2014/06/anderson-cooper-experiences.html
Substance Abuse and Mental Illness

- More than 60% of those with mood disorder have a substance disorder
- 50% of persons with schizophrenia
- 37% of those addicted to alcohol have a mental illness
- More than 50% of people with drug addiction have a mental illness
Guidelines for responding to a person with disorganized thinking

• Keep the message simple
• Repeat the message
• Tone of voice is important: Passive, low-key, friendly
• Give commands or make a request; too many choices may be confusing
• Never demean or ridicule the person
• Do not tell them their experience isn’t real; it’s very real to them
Emotional Validation

VALIDATION...

"So are you trying to tell me that you feel threatened when I ask you to 'roll over'?"
“I” Statements
What does recovery look like?

- Peer & family support
- Therapy/professional help
- Medication
- Exercise and self care
- Accepting “life on life’s terms”

“A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

- Substance Abuse & Mental Health Services Administration
Treatment works. People recover.
MI/DD Coordinating Center of Excellence & Ohio’s Telepsychiatry Project
MI/DD Coordinating Center of Excellence (CCOE)

- Jointly funded by DODD, OMHAS, ODDC
- Partnership with WSU & Access Ohio led by Dr. Julie Gentile
- Organized in 2004 in response to the need to develop a system for individuals with mental illness & intellectual/developmental disabilities
MI/DD CCOE

- Supports MH & DD Collaborative efforts & Networking
  - Dual Diagnosis Intensive Treatment (DDIT) Teams
  - Meet regularly to plan & monitor for individuals with dual diagnosis
  - Help ensure resources from their systems
  - Problem solve & make needed changes within systems
  - Plan for crises
  - Share resources
  - Plan for individuals to move out of residential settings back into their communities
MI/DD CCOE

- Creates Access to Expert Assessments & Recommendations
  - Developed regional psychiatric care at OSU Nisonger Center, Columbus & Dayton locations of Access Ohio MH Center of Excellence
  - Individuals can receive expert assessment, diagnosis & treatment recommendations
  - Systemic consultation available communities who have DDIT teams
Train & Educate to Address Needs in both MH & DD

- Priority of CCOE is to increase knowledge & skills in the assessment & treatment of individuals with dual diagnosis.
- Training for professionals, paraprofessionals, future professionals, individuals & families
- Local, regional, state & national conferences & higher education institutions.
- Trauma Informed Care, culturally competent best practices & evidenced based medicine, multi-systemic & interdisciplinary approaches for MIDD, & behavioral interventions.
MI/DD CCOE

- Helps Communities Build Knowledge & Resources
  - Counties can apply for mini-grants to fund activities to train MH & DD systems
  - Mini-grants can be used for:
    - Trainings
    - Educational materials
Ohio’s Telepsychiatry Project

- DODD in partnership with WSU & Access Ohio Mental Health Center of Excellence, OMHAS & ODDC
- Goal to provide high quality psychiatric care & community MH services in remote areas of state
- Goal to bridge the gap in services for individuals with complex needs
- Approximately 350 individuals engaged (289 adults, 61 kids) in 44 counties
- Eligibility for adults in all counties except: Cuyahoga, Franklin, Hamilton, Summit, Montgomery, Lucas, Stark, Butler, Lorain, Mahoning, Lake, Warren, Trumbull
- Children statewide
Eligibility Criteria

- A child or adult with co-occurring mental illness/developmental disability
- Enrolled in Medicaid
- In agreement to participate & provide consent
- Have access to a computer with a web cam & high speed, broad band internet connection
Outcomes

- Significant increase from the 2012 inception of project (21 counties end of 1st yr)
- Improved collaboration between county boards of DD & local MH boards
- Increased capacity for local communities to serve individuals with complex issues
Contact Information

Tina Evans
DODD

\texttt{tina.evans@dodd.ohio.gov}
(614)752-9028

Mike Schroeder
DMHAS

\texttt{Michael.Schroeder@mha.ohio.gov}
(614) 466-9995
MUI Categories

- Unscheduled Hospitalization
- Unapproved Behavior Supports
- Attempted Suicide
- Law Enforcement
- Abuse and Neglect
Review of Data Trends 2014

- There were 793 Unscheduled Psychiatric Hospitalizations in 2014. This equates to 16% of all unscheduled hospitalizations (5,036).

- Last year, over 1,769 MUIs were filed for Unapproved Behavior Supports.

- There were 106 reported suicide attempts which did not result in any deaths.

- 970 Law Enforcement MUIs were filed where the person served was charged, incarcerated or arrested.

- Nickel and Dime Reports
"People with psychiatric disabilities are far more likely to be victims than perpetrators of violent crime (Appleby, et al., 2001). People with severe mental illnesses, schizophrenia, bipolar disorder or psychosis, are 2½ times more likely to be attacked, raped or mugged than the general population.”

(Hiday, et al., 1999).

This means the individuals we serve are at greater risk to be victims of abuse.
Accessing Crisis Services
Accessing Crisis Services

- Varies from County to County
- Provided in hospitals and community mental health agencies.
- Crisis Services are short term services to address specific crisis situation
- On going mental health services (Outpatient) treat the individuals' symptoms so that they do not negatively impact the life of the individual.
- Good coordination of care can assist with preventing the individual from needing to access crisis services.
Accessing Crisis Services

The purpose of crisis mental health services is to identify the current problem, evaluate the risk to the individual and others, evaluate on the impact of the symptoms on the individual, provide a temporary safe environment and determine the appropriate disposition to address the identified concerns (return home, link to an ongoing provider, follow-up with an established outpatient provider, refer to a hospital or partial hospitalization program, refer for substance abuse treatment, etc.).
Accessing Crisis Services

It is important to the Individual that Crisis staff have access to:

- People (staff, family, guardian, etc.) who know the individual.
- Residential provider, contact information of the administrators of the agency who have the ability to plan/develop services and make decisions.
- Information from the ISP (including behavior support information) can be of great assistance in educating the crisis staff about the individual.
- The better the access to information about the individual, the better the crisis staff can make informed decisions about the individual’s care and eventual disposition.
Information Needed by Crisis Team

- Information about the presenting problem
- Information regarding the presenting mental health symptoms (frequency, duration, impact)
- Substance Use/Treatment History
- Mental Health Treatment History
- Current Medications/Historical Medications
Information Needed by Crisis Team

- Pertinent Health Information
- Employment, Education, Housing and Insurance Information
- Current Legal Issues and History
- Cultural/Ethnic/Religious Information
- Family History/Social Supports/Sexual History
Presenting the Problem

The presenting problem is the overall reason that the individual is presenting for crisis services. The crisis services provider needs information on what took place prior to the individual presenting for services. It is important for the individual, family and/or staff to provide as much detailed information as possible to explain the concerns, so that appropriate services can be provided. If the individual is served by an agency, than the agency should provide crisis staff access to agency staff who can explain why the individual is presenting for services.
Presenting Mental Health Symptoms

Crisis staff will attempt to gather specific information about:

- presenting symptoms
- how often the symptoms occur (frequency)
- how long they have been occurring (duration) for this individual.
- They will attempt to determine how significantly the symptoms are impacting the individual.
Types of Symptoms (not all inclusive)

- **Mood** (Depression, Anxiety, Mania, etc.) and frequency of changes in mood
- **Suicidal Ideation** (Thoughts to harm self) (Plan, Intent, Attempt, Threats)
- **Homicidal Ideation** (Thoughts to harm others) (Plan, Intent, Attempt, Threats)
- **Conduct** (Displayed Behavior)
- **Signs of Anger/Aggression** (including property destruction)
Types of Symptoms (not all inclusive)

- Impulsivity
- Hallucinations and/or Delusional Thought Patterns
- Obsessions/Compulsions
- Changes in Sleep Patterns, Eating Patterns, Concentration, Confusion, Memory or Hygiene
- Substance Use
The Individual’s Experience

Individuals symptoms may vary due to:

- Fear of being in trouble (particularly if police were involved in transport)
- Unfamiliar with the staff/environment
- Uncertainty of what will happen next/how crisis staff will react
- Relief from being removed from setting where trigger for episode was located (some episodes are caused by negative staff/peer/family interaction)
Substance Use/Treatment History

- Information regarding past substance use treatment/Current Treatment
- Current Substance Use (Duration, Frequency, Time of last use, Amount Used, etc.)
- Symptoms of Abuse/Dependence (Withdrawal Symptoms, Tolerance, Impact on Life, etc.)
Mental Health Treatment History

- Current Mental Health Providers (Typically Outpatient Providers)
- History of Previous Services/Hospitalizations
- Previous Mental Health Diagnoses
- Previous Crisis Episodes
- Current Medications/Historical Medications
Current Medications
Historical Medications

- Names of Current Medications (Reason, Dose, Frequency, Compliance, Side-Effects)
- Names of Previous Medications (Reason, Dose, Frequency, Compliance, Side-Effects)
- History of medication allergies
- History of Past Effective/Ineffective Medications
Pertinent Health Information (Not All Inclusive)

- Allergies (Medications, Food, Environmental)
- Current Vital Signs (Temperature, Pulse, Respirations, Blood Pressure, Height, Weight)
- Communicable Disease History (STD, HIV, HEP C, TB etc.)
- Current Pregnancy
- Recent Medical Conditions (Injury, Infection, New Diagnoses) and Treatment
- Chronic Medical Conditions (Diabetes, COPD, MS, Cardiac History, etc.) and Treatment
- Family Medical History (if Available)
- History of Head Injury/Concussion/TBI
- Previous Surgeries (Names of procedures and Dates)
- Previous Hospitalizations (Reasons and Dates)
Employment, Education, Housing and Insurance Information

- Source of Current Income (Employment, Social Security, etc.)
- History of Employment
- Educational History (Highest level Achieved, Special Education, etc.)
- Current Financial Issues
- Housing Issues (Homeless, Transitional, Risk of Eviction, etc.)
- Insurance Information
Current Legal Issues and History

- Current/Pending Legal Charges
- History of Incarceration
- Parole/Probation Status
Cultural/Ethnic and Religious Information

- Information on how the individual’s culture/ethnicity may impact treatment/services
- Information on how the individual’s religious beliefs may impact treatment/services
- Modifications to treatment/services
Family History/Social Supports/Sexual History

- Family history of Mental Health/Substance Use
- Current Social Supports/Family Involvement/Significant Others/Children
- History of Abuse
- Sexual Behavior/Risky Sexual Behavior
- Sexual Orientation/Gender Identity
Involuntary Crisis Services/Assessment

Crisis Services/Assessment may be provided on an involuntary basis under ORC 5122 if the individual meets the following criteria:

“(1) Represents a substantial risk of physical harm to self as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm;
(2) Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness;
(3) Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence that the person is unable to provide for and is not providing for the person's basic physical needs because of the person's mental illness and that appropriate provision for those needs cannot be made immediately available in the community; or
(4) Would benefit from treatment for the person's mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or the person.”
Involuntary Crisis Services/Assessment

Under ORC 5122.1, the process for involuntary services/assessment can be initiated by “any psychiatrist, licensed clinical psychologist, licensed physician, health officer, parole officer, police officer, or sheriff.” The professional initiating the involuntary services/assessment must provide a “written statement” to the receiving hospital or community mental health center “stating the circumstances under which such person was taken into custody,” and the reason why they determined that involuntary services are needed. Involuntary services may also be initiated by a temporary “Order of Detention” issued by a probate court. In all circumstances the individual subject to the action should be explained that this is not a criminal arrest and that it is for the purpose of “examination by mental health professionals.”
Crisis Assessment Purpose

The crisis assessment will attempt to determine:

- If the individual pose a risk of harm to themselves/others;
- If the individual is at risk of harm by not being able to care for basic needs due to mental health concerns;
- If the individual is in need of hospitalization, partial hospitalization or mental health outpatient services;
- If the individual is in need of substance abuse treatment (always voluntary);
- Appropriate Disposition Options
Outpatient Mental Health Services

- Variety of settings

- Varied services include:
  - Counseling (individual and group)
  - Case management
  - Psychiatric services (doctor/medication)

- Specialized services to address specific populations
  (Children, Eating Disorders, Substance Abuse, Individuals with I/DD, Offenders, etc.)
Outpatient Mental Health Services

- Address the presenting concerns/symptoms to minimize the impact that these have on the individual’s life.
- Short or long term services
- Can occur through a variety of services
Locating Outpatient Services

- Local MHAS Board
- ODMHAS (Provider Search by County on Home Page and/or call 1-877-275-6364)
- Private Insurance (Customer Service Number, many times on the back of your insurance card)
- Primary Care Physicians
- Employee Assistance Program
- Hospitals
- County Board of Developmental Disabilities (Specialized Providers)
Linking to Services

- Contact the provider to ensure that they are taking new clients
- Make an initial (intake) appointment
- Ask about information needed at the initial appointment (insurance cards, records, identification, co-pay, etc.)
- Be prepared to provide current and historical information (symptoms/treatment) during the initial appointments (similar to crisis services), as the provider will be attempting to learn about the individual to provide the appropriate services and develop a treatment plan.
Linking to Services

- Information from the ISP (including behavior support information)
- Ensure the appropriate releases of information are completed
- Plan extra time to get there, park and find appointment
- Specialty Appointments are often hard to schedule so try to be on time and prepared
Questions To Consider

- Who is responsible for making/keeping appointments?
- Who is responsible for filling/picking-up medications?
- What information does the outpatient provider need?
- How will the needed information be collected/reported back?
- What information does the individual/family/provider/team need from the outpatient provider?
- How will this information be collected/reported back?
- If the individual has a team that meets regularly, than should the provider be invited to attend team meetings?
- Have the responsibilities for staff been addressed in the ISP?
- Have staff been properly trained on their responsibilities?
Prescription Medications

Trial and Error Process

Individual and Supports should be aware:

- Purpose of the medication (what symptoms is the medication being prescribed to treat?)
- How the medication should be administered (pill or liquid, whole or crushed, etc.)
- What are the potential side-effects of the medication
Prescription Medications

- What are the medication precautions? (Medical conditions, pregnancy, driving, etc.)
- Are there any other prescribed medications in which there may be negative drug interactions?
- How should the medication be stored?
- Are there any monitoring activities (such as blood work) needed for the medication?
- How should a missed dose be handled?
- How should discontinuing a medication be handled?
Potential Side Effects

- Know the side effects
- Some require immediate physician evaluation/treatment such as allergic reactions
- Other side effects can be addressed at next appointment
- Use reference information from pharmacy, doctors office or internet

When in doubt, consult a medical professional
Medication Precautions

Some medications have precautions that indicate types of individuals for which the medication is not intended for use (individuals who are pregnant, individuals with certain medical conditions, etc.), or identify situations that the user should avoid (driving and operating heavy machinery, avoiding exposure to the sun, etc.). A discussion about precautions should take place with the physician at the time the medication is prescribed.
Drug Interactions and Storage

- Physicians should be aware of all prescribed medication and over the counter medications taken
- Some medications interact with each other or increase risk of side effects
- Certain medications have storage instructions (temperature, light, moisture)
Monitoring of Medications

- Special Monitoring (blood test) to determine if medication is at therapeutic level (effective) and to help medication from getting to an unhealthy level (toxic)
- Monitoring is critical and should occur as directed by physician
- Team should be aware and ensure this is occurring
Missed/Discontinued Medications

The individual, family and/or provider should be aware of how to handle a missed dose (wait until the next dose, take within a certain time period, etc.), or if there are special instructions for stopping a medication. Some medications should not be stopped abruptly as this will pose a risk to the individual. A physician should always be consulted to determine how a medication should be discontinued.
Other Resources

- NAMI.org
- [http://www.mentalhealthfirstaid.org/cs/](http://www.mentalhealthfirstaid.org/cs/)
- [http://www.mentalhealthamerica.net/](http://www.mentalhealthamerica.net/)
- Substance Abuse and Mental Health Services Administration (SAMSA) [http://www.samhsa.gov/topics](http://www.samhsa.gov/topics)
- National Association for Dual Diagnosis
- Ohio Developmental Disabilities Council
- WSU Boonshoft School of Medicine
- Ohio Department of Mental Health Addiction Services
- American Association on Intellectual and Developmental Disabilities
- National Association of State Directors of Developmental Disabilities Services (NASDDDS)
- National Center for Trauma Informed Care
Other Resources

http://nisonger.osu.edu/projectmed

Free download books - The booklets are available for download as PDF files only. Here are the eight titles:

1. Patients' Rights and Responsibilities
2. Anticonvulsant Medicines (Medicines for people with epilepsy)
3. Antipsychotic Medicines (Neuroleptics)
4. Antidepressant Medicines
5. Antimanic Medicines (Medicines for people with mood problems)
6. Antianxiety Medicines
7. Stimulant Medicines
8. Other Behavior Medicines (Blood pressure medicine, Naltrexone, vitamins & over-the-counter)

Psychotropic Medications and Developmental Disabilities: The International Consensus Handbook (1998), a comprehensive book for professionals edited by Steven Reiss and Michael G. Aman, is no longer available to order for free from the Nisonger Center. For more information, contact Vicki.Graff@osumc.edu or call (614) 685-3195.
Thank You

Andrew Merickel, Regional Manager
(614) 995-3813
Andrew.Merickel@dodd.ohio.gov

Connie McLaughlin, MUI Regional Manager Supervisor
(614) 752-0092
Connie.McLaughlin@dodd.ohio.gov

DODD Website
dodd.ohio.gov

Abuse/Neglect Hotline
1-866-313-6733