Module 3
Understanding Mental Disorders, Treatment, and Recovery
• Many terms may be used, such as “mental illness”, “mental health problems” or “behavioral disorders.”
• Each disorder is different in each person.
• There is no “have it” or “don’t have it”. Mental health is a continuum or spectrum.
• Mental disorders vary from person to person and from time to time.
“Mental Disorders” - 2

• Most persons with identified mental disorders respond positively to treatment.
• A person cannot “catch” a mental disorder from another person, although genetics do influence the development of some disorders.
• Parents with mental disorders do not necessarily “cause” disorders in their children.
Impact of Mental Disorders

• *Thought processes, moods and emotions* are affected by mental disorders.
• Mental disorders are biologically based.
• What matters most is the life impact.
• Disorders can be more, or less, serious, and may change over time.
• Cause is less important than current impact.
• Violence is not associated with all disorders.
The Recovery Model

• Persons with mental disorders can, on their own or with treatment, learn to function positively and effectively in the community.
• Early identification, appropriate assessment, effective care planning and appropriate treatment make a difference.
• Persons with mental disorders can successfully and safely raise their children into adulthood.
Module 3
Understanding Mental Disorders, Treatment, and Recovery

Signs and Symptoms of Mental Disorders in Adults
Types of Mental Disorders-1

• Affective disorders:
  – Anxiety disorders
  – Manic episodes
  – Depressive disorders
  – Panic disorders
  – Phobias
  – Post traumatic stress disorder
Types of Mental Disorders-2

- Eating Disorders
- Obsessive-Compulsive Disorders
- Personality Disorders
- Delusional Disorders
- Psychoses
- Sexual and Gender Identity Disorders
Mental Health Screening Form–III

- 18 “yes” or “no” questions.
- Minutes to complete.
- Self-administered or read to an adult.
- “Yes” = make a referral.
- Referral: To obtain further assessment

Does not assume a disorder

Qualified assessors
MHSF-III – Questions - 1

- Q.1-4: Past MH services (or need for services)
- Q.5: Schizophrenia
- Q.6: Depressive disorders
- Q.7: Post-traumatic stress disorder
- Q.8: Debilitating phobias or fears
- Q.9: Explosive disorders
- Q.10: Delusional disorders
MHSF-III – Questions - 2

- Q.11: Gender or sexual disorders
- Q.12: Eating disorders
- Q.13: Mania
- Q.14: Panic disorders [not phobias or fears (Q.8)]
- Q.15: Obsessive compulsive disorders
- Q.16: Pathological gambling
- Q.17: Learning disorders or MR
Module 3: Understanding Mental Disorders, Treatment, and Recovery:

Model Interventions and Supports
Helping Models

• **Behavioral** – cause is secondary; primary goal to understand and change behaviors.

• **Biological** – treats the physical root cause.

• **Ecological** – cause and cure lie with the interaction between the person and their environment.

• **Interactive** – all other models may apply.

• **Psychoanalytic** – internal mental life and past experience drive a person’s reality.
Mental Health Treatment

• *Past*: Treatment in closed rooms with theoretical and experiential support.

• *Present*: Evidence-Based Practices (EBPs)
  
  EBP Resource Kits (SAMHSA/CMHS)
  
  • Illness management and recovery
  • Assertive Community Treatment
  • Family psychoeducation
  • Supported employment
  • Co-occurring Disorders: Integrated Dual Diagnosis Treatment
Mental Health Interventions

- Medication
- Education
- Counseling or Therapy
- Care Management
- Respite Care

- Assertive Community Treatment (ACT) Teams
- Self-Help Groups
- Residential or Institutional Care
“Resistance” to Treatment

People don’t always follow recommendations:
– Treatment is the person’s choice
– Reinforcement and support helps
– Treatments effect different people differently

Don’t judge—Just find a different way.
Impact of Trauma on Parents in Child Welfare

• Trauma increases risk for mental disorders.

• Parents learn to parent from their parents.

• Childhood trauma affects parenting.

• Child abuse *sometimes* crosses generations.
Stress and Mental Disorders

• Always more than meets the eye.
• Effect of current and past events.
• Poverty and mental disorders.
• Individual experience of stress.
• Co-occurring disorders.
• Addressing stress improves care of children.
Mental Disorders & Violence

- Less risk of violence in persons with mental disorders.
- Psychosis and unpredictable mood and/or behavior.
- Depression and suicide.
- Substance abuse and
- Suicide risk and antidepressants.
Module 3: Understanding Mental Disorders, Treatment, and Recovery

Effects on Interpersonal Relationships and Family Dynamics
Context of Mental Disorders - 1

- Mental disorders: diseases of *mood*, *thought*, *emotion* or *perception*.
- Each disorder is different, and each person expresses a disorder uniquely.
- Context or environment affects the way a person expresses their disorder.
- Ask questions!
Persons with mental disorders:

- May become isolated from informal support.
- May turn to negative sources of support.
- May not recognize their bad judgment.
- May not recognize any impact on their children.
“Recovery Model”

Premises

• #1 All individuals are unique with specific needs, goals, attitudes, and beliefs in recovery.
• #2 Persons in recovery share some similarities but follow their own pathways.
• #3 All persons get equal access to treatment and can participate in their own recovery.
• #4 Treatment funding should be used to support recovery-oriented approaches and services.
Recovery Dimensions - 1

- Supportive Relationships
- Renewing Hope and Commitment
- Finding a Niche in the Community
- Redefining Self
- Incorporating Illness
Recovery Dimensions - 2

• Overcoming Stigma
• Assuming Control
• Managing Symptoms
• Becoming an Empowered Citizen