

Mental illnesses

- What is a mental illness?
 - Medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning.
 - Often result in diminished ability to cope with ordinary demands of life

Depression

Case: Liza is a 33-year-old woman who has recently secured a spot in transitional housing. Previously she had spent time living in a women's shelter and on the streets after becoming homeless 5 years ago. Although Liza thinks she should be happy that her situation seems to be changing for the better, she struggles with feelings of **hopelessness and worthlessness**. She finds she is easily agitated and has trouble concentrating on simple tasks such as reading the newspaper or filling out the forms required for her housing. She often finds herself wondering if life is worth living and feeling like the world might be better off if she weren't in it. Recently she has unintentionally lost 8lbs, despite having consistent access to food which had previously been a daily struggle. What illness might be causing Liza's symptoms?

(McCance Pathophysiology 6th ed. & PubMed)

- What is it?
 - Depression can be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Most of us feel this way at one time or another for short periods
 - True depression (major depression, clinical depression, MDD) is a mood disorder characterized by intense & sustained unpleasant state of sadness, hopelessness, loss, anger or frustration
 - Individuals with depression experience an intense, unpleasant mood that lasts for several months and gradually terminates
 - During depressive episode, individuals are unable to experience pleasure & show a loss of motivation
 - Appetite & sleep patterns are disrupted
- Risk Factors
 - Appears in all age groups including young children
 - After adolescence women are at a twofold risk than men
 - Environmental factors that may play a role:
 - Alcoholic drug abuse
 - Certain medical conditions, underactive thyroid, cancer, long-term pain
 - Sleeping problems
 - Stressful life events: breaking up with a boyfriend/girlfriend, failing a class, death/illness of someone close to you, divorce, child abuse/neglect,

job loss, isolation

- Symptoms
 - Depression can change/distort the way you see yourself, you life & those around you
 - Individuals with depression usually see everything with a more negative attitude
 - Symptoms:
 - Loss of interest or pleasure in activities
 - Agitation, restlessness, irritability
 - Feelings of hopelessness and helplessness
 - Feelings of worthlessness, self-hate, and guilt
 - Decrease/increase in appetite
 - Poor concentration
 - Fatigue
 - Thoughts of death or suicide
 - Severe depression – hallucinations and delusions
- Causes?
 - Exact cause is unknown. Many researchers believe it is d/t chemical changes in the brain
 - Strong genetic basis exists for development of mood disorder
 - Environmental factors also play a strong role
- Treatment
 - Medications called antidepressants
 - Talk therapy called psychotherapy
 - Cognitive therapy – teaches you to fight off negative thoughts
 - Psychotherapy – help you understand the issues that may be behind your thoughts & feelings
 - Joining a support group with others who are sharing problems like yours
 - Mild depression – may only need one of these tx. Severe depression – may
- Relevant Statistics
 - Most common mood disorder and the leading cause of disability in the United States and throughout the world

Bi-Polar Disorder

Case: Erica is a 24-year-old woman who has recently lost her job as a cashier due to several days of unexcused absences. During those days, Erica recalls that she was “too tired to move” despite sleeping for the majority of the day. She felt she could not even find the motivation to

call in sick, but was unconcerned with the potential that she might eventually lose her job. Before her period of absence, Erica had worked at her job for 2 months and had been praised by her manager for being an exceptionally hard worker, though he noted that she sometimes seemed distracted, and often talked excessively about irrelevant topics when helping customers. She worked as much overtime as possible but often acted agitated when she had reached the maximum allowed hours. She was described by her co-workers as extremely upbeat and confident, though they wondered how she was able to maintain such enthusiasm when she stated that she often slept less than 3 to 4 hours per night. In the days leading up to her absence, Erica's manager noted that she seemed not herself, as if a "switch had been flipped", and she was noticeably more glum and withdrawn. Erica has been living in a women's shelter downtown for the past 6 months after leaving an abusive relationship. What illness might be causing Erica's symptoms?

- What is it?
 - a condition in which people go back and forth between periods of a very good (or possibly irritable) mood (mania) and depression
 - these swings can be very quick or slow
 - 3 types
 - Type I: Have had at least one manic episode and periods of depression
 - Type II: Have never had a full manic episode but have experienced periods of high energy and impulsiveness (hypomania) alternating with periods of depression
 - Cyclothymia: Alternate between hypomania and mild depression
- Risk Factors
 - Affects men and women equally
 - Usually starts between 15-25
 - Family/hereditary component
- Symptoms
 - Manic Phase (days to months)
 - Easily distracted
 - Little need for sleep
 - poor judgement
 - poor temper control
 - Reckless behavior and lack of self control (including binge eating/drinking/drug use, promiscuity, spending sprees)
 - Very elevated mood (excess activity, increased energy, racing thoughts, high self-esteem)
 - Easily agitated or irritated

- Depressed phase (symptoms similar to unipolar depression)
 - Daily low mood/sadness
 - Difficulty concentrating, remembering or making decisions
 - Eating problems
 - Fatigue or lack of energy
 - Feeling worthless, hopeless, or guilty
 - Loss of pleasure in activities once enjoyed
 - Loss of self-esteem
 - Thoughts of death or suicide
 - Trouble getting to sleep or sleeping too much
 - Withdrawal from others
- Causes?
 - no clear cause, but manic episodes may be triggered by significant life events (ex: childbirth), medications, periods of sleeplessness, or recreational drug use
- Treatment
 - goals of treatment are to avoid moving from one phase to another, avoid need for hospitalization, help patient function, prevent self-injury, make episodes less frequent and severe
 - Mood stabilizers (carbamazepine, lithium, lamotrigine, valproate) may be used
 - antiseizure, antipsychotic, antidepressant, anti-anxiety drugs may be tried also
 - Electroconvulsive therapy may also be used (use of electrical current to trigger seizure in brain while patient is asleep)
 - Psychotherapy
 - skills to manage symptoms, maintain healthy lifestyle
 - sleep management

Anxiety

Case: Roger is a 47-year-old man who has been cycling between transitional housing and homelessness for the past 10 years after a family dispute caused him to lose his housing and social support. He has suffered from insomnia since his early twenties, and frequently struggles to fall asleep because his “mind just won’t be quiet”. Although he currently has secure housing at a men’s shelter, he constantly fears he will lose it, and says he spends a significant portion of the day worrying about what bad things might happen to him next. He finds he is often fatigued, and says his temper is much shorter than it was when he was younger. At times, he experiences episodes of dizziness, rapid heartbeat, and sweaty palms, though he recalls that he experienced these episodes much more frequently when he was without housing. What illness might be causing Roger’s symptoms?

- What is it? (distress/uneasiness/tension; worry/fear/threatened)
 - can be normal, but ongoing that interferes w/ daily activity = generalized disorder
- Risk Factors/Causes (developing generalized anxiety)
 - not fully understood; imbalance in chemicals in brain
 - Childhood trauma (abuse, witnessing traumatic events)
 - illness (chronic or serious illness ie: cancer; worry about future/finances)
 - stress (big event or smaller stressful situations → trigger excessive anxiety)
 - personality (certain types more prone; personality disorder linkage)
 - genetics (may run in family)
 - substance abuse (drug/alcohol worsen, caffeine/nicotine increase)
- Symptoms
 - constant worrying, feeling on edge, difficulty concentrating, irritability
 - fatigue, muscle tension/aches, twitchy, trembling
 - trouble sleeping
 - rapid heartbeat, sweating, nausea or diarrhea
 - when to see a doctor? interfering with relationships/daily life, depression, suicidal
- Treatment
 - Medication (antidepressants, sedatives short-term relief)
 - psychotherapy
 - professional counseling to work out problems → behavior changes
 - teaching life skills to cope (ID neg thoughts/behaviors; reduce stress and gain more control; exercises, methods?)
- Relevant Statistics
 - Most common mental illness in US affecting 40 millions adults
 - highly treatable; yet only 1/3 seek treatment

Obsessive Compulsive Disorder

- What is it?
 - Obsessive-compulsive disorder (OCD) is characterized by unreasonable thoughts and fears (obsessions) that lead you to do repetitive behaviors (compulsions). It's also possible to have only obsessions or only compulsions and still have OCD.
- Risk Factors
 - **Family history.** Having parents or other family members with the disorder can increase your risk of developing OCD.

- **Stressful life events.** If you've experienced traumatic or stressful events or you tend to react strongly to stress, your risk may increase. This reaction may, for some reason, trigger the intrusive thoughts, rituals and emotional distress characteristic of OCD.
- Symptoms (Obsessions and Compulsions)
 - **Obsessions** often have themes to them, such as:
 - Fear of contamination or dirt
 - Having things orderly and symmetrical
 - Aggressive or horrific thoughts about harming yourself or others
 - Unwanted thoughts, including aggression, or sexual or religious subjects
 - Examples
 - Fear of being contaminated by shaking hands or by touching objects others have touched
 - Doubts that you've locked the door or turned off the stove
 - Intense stress when objects aren't orderly or facing a certain way
 - Images of hurting yourself or someone else
 - Thoughts about shouting obscenities or acting inappropriately
 - Avoidance of situations that can trigger obsessions, such as shaking hands
 - Distress about unpleasant sexual images repeating in your mind
 - **Compulsions** are repetitive behaviors that you feel driven to perform.
 - Washing and cleaning
 - Counting
 - Checking
 - Demanding reassurances
 - Following a strict routine
 - Orderliness
 - Examples
 - Hand-washing until your skin becomes raw
 - Checking doors repeatedly to make sure they're locked
 - Checking the stove repeatedly to make sure it's off
 - Counting in certain patterns
 - Silently repeating a prayer, word or phrase
 - Arranging your canned goods to face the same way
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- Causes

- The cause of obsessive-compulsive disorder isn't fully understood. Main theories include:
 - **Biology.** OCD may be a result of changes in your body's own natural chemistry or brain functions. OCD may also have a genetic component, but specific genes have yet to be identified.
 - **Environment.** Some environmental factors such as infections are suggested as a trigger for OCD, but more research is needed to be sure.
- Treatment
 - There's a difference between being a perfectionist and having OCD. If your obsessions and compulsions are affecting your quality of life, see your doctor or mental health provider.
 - Obsessive-compulsive disorder treatment may not result in a cure, but it can help you bring symptoms under control
 - **Psychotherapy:** A type of therapy called exposure and response prevention (ERP) is the most effective treatment. This therapy involves gradually exposing you to a feared object or obsession, such as dirt, and having you learn healthy ways to cope with your anxiety. Exposure therapy takes effort and practice, but you may enjoy a better quality of life once you learn to manage your obsessions and compulsions.
 - **Antidepressants:** Certain psychiatric medications can help control the obsessions and compulsions of OCD.
 - Clomipramine (Anafranil)
 - Fluvoxamine (Luvox CR)
 - Fluoxetine (Prozac)
 - Paroxetine (Paxil, Pexeva)
 - Sertraline (Zoloft)
- Relevant statistics
 - 1% of US adult population

Post Traumatic Stress Disorder

- What is it?
 - Stress or a frightened reaction when a person is no longer in danger
 - Often occurs in war veterans and those who experience mugging, rape, torture, abuse, or a natural disaster
- Risk Factors
 - Develops after a stressful ordeal which involved physical harm or the threat of physical harm

- Can be the individual who was harmed, a loved one, or as a witness to a harmful event to someone else
- Environmental factors such as childhood trauma, head injury, or a history of mental illness may further increase a person's risk
- Symptoms
 - Usually begin within 3 months of the incident and last more than a month
 - Re-experiencing symptoms: flashbacks (with racing heart or sweating), bad dreams, frightening thoughts
 - Avoidance symptoms:
 - Avoiding places and events that are reminders
 - Strong guilt, depression, worry
 - Losing interest in enjoyable activities
 - Feeling emotionally numb
 - Hyperarousal symptoms: being easily startled, feeling tense or on edge, having difficulty sleeping
- Causes?
 - Genes play a role in creating fear memories
 - Amygdala is active in learning to fear an event and learning not to fear
 - Women are more likely to develop it
- Treatment
 - Psychotherapy: talking with a mental health professional
 - Exposing the person to the trauma in a safe way to learn to control fear
 - Looking back at memories and learning how to handle the related anxiety
 - Antidepressants help control symptoms such as sadness, worry, and anger

Phobia

- What is it?
 - A type of anxiety disorder, usually defined as a persistent fear of an object or situation in which the sufferer commits to great lengths in avoiding.
 - A phobia is much more serious than a simple fear.
- Risk Factors
 - Interfere with their normal function
 - Sometimes lead to total panic
 - For some people, even thinking about their phobia is immensely distressing
- Types of phobias, their symptoms
 - Specific phobias
 - involve a disproportionate fear about specific situations, living creatures, places, or things.

- For example, dentists, bats, spiders, flying, frogs and so on.
 - Social phobia
 - A person with social phobia finds being in social situations difficult and sometimes unbearable.
 - There is fear of being judged by other people. The dread of being laughed at is so intense that they prefer to avoid social gatherings altogether.
 - Acrophobia
 - The fear of heights
 - This fear can lead to anxiety attacks and avoidance of high places
 - Agoraphobia
 - The fear of situations in which escape is difficult.
 - This may include crowded areas, open spaces, or situations that are likely to trigger a panic attack.
- Causes?
 - These usually develop when the child is between four and eight years of age. The trigger can be an unpleasant experience. Also, witnessing a family member's phobia is a common cause for phobias which started during childhood.
 - The causes of more severe phobia, such as claustrophobia (fear of feeling trapped, closed spaces) are still a mystery. Health care professionals believe they are caused by a combination of life experiences, brain chemistry and genetics.
- Treatment
 - Medications
 - Beta blockers - primarily used for high blood pressure and some cardiovascular conditions. It can help reduce the symptoms of palpitations, as well as trembling limbs. Many patients comment that they also help their voice quiver less. People with uncontrollable stage fright may find this type of drug helpful.
 - Antidepressants - SSRI's are commonly prescribed for people with phobias. They impact on serotonin levels in the brain, which results in better moods.
 - Tranquilizers (sedatives) - benzodiazepines may help reduce anxiety symptoms. Patients with a history of alcoholism should not be given sedatives.
 - Behavior therapy (exposure therapy)
 - If done properly can help patients alter their response to the source of their fear. Patients are exposed to the cause of their phobia in gradual progressive steps.
 - Cognitive behavioral therapy

- The therapist helps the sufferer learn different ways of perceiving the source of their phobia, so that they may find it easier to cope.

Schizophrenia

Case: Martin is a 24 year old man who has been living on the streets for the past 4 months after his childhood friend, whom he had been living with, asked him to leave. Martin has not had secure housing since he was kicked out of his parents house at age 17 when they felt he was a danger to his younger siblings. He is unwilling to speak to people he does not know, and grows increasingly agitated and angry when asked to describe his background. He has explained to people he trusts that he believes the government has implanted a chip in his upper arm that they are using to monitor and communicate with him, and has tried repeatedly to remove the chip. This has resulted in trips to the emergency room on several occasions due to bleeding and infections resulting from his removal attempts. He believes the government is using him in a program to control its citizens, and that others also have chips implanted and are simply unaware. Martin expresses difficulty sleeping, and is socially isolated, as he is distrustful of new people he meets and has been abandoned by his family and friends. What illness might be causing Martin's symptoms?

- What is it?
 - A complex mental disorder that may make it difficult to tell the difference between real and unreal experiences, think logically, have normal emotional responses, and behave normally in social situations
- Risk Factors
 - Genetic factors appear to play a role
 - Risks include exposure to viruses or malnutrition before birth and problems during birth
 - Environmental events may trigger schizophrenia in those predisposed such as traumatic events
 - Affects men and women equally although tends to begin later and be more mild in women
- Symptoms
 - highly variable but can include:
 - initial irritability, difficulty sleeping or concentrating
 - Positive symptoms:
 - Hallucinations: auditory or visual
 - Delusions: false beliefs that do not change, even after being proved that the beliefs are not true or logical, can be paranoid

- Disorganized thinking: problems organizing thoughts or connecting them logically, thought blocking (stops speaking in middle of sentence), creating meaningless words
 - Movement disorders: repetitive movements or catatonia (lack of movement, rigid posture)
 - Negative symptoms:
 - Flat affect: speaking in dull voice
 - Lack of pleasure in everyday life
 - Lack of ability to begin and sustain planned activities
 - Speaking very little
- Causes?
 - People with schizophrenia have higher rates of rare genetic mutations
 - Differences in brain structure and chemical reactions with neurotransmitters
- Treatment
 - hospitalization may be necessary during an episode to prevent harm to self or others
 - antipsychotic medications - change balance of chemicals in brain to help control symptoms
 - Supportive therapy, life skills therapy, and psychotherapy may also be helpful