

Adult Mental Health Issues

The Pennsylvania Child Welfare  
Resource Center

---

---

---

---

---

---

---

---

Learning Objectives:  
Participants will be able to:

- Identify signs and symptoms of adult mental health disorders and how they manifest behaviorally
- Determine connections between behavioral indicators for adult mental health disorders and child safety and risk
- Identify engagement strategies that will enhance cooperation with Family Center Services in effort to build strong families

---

---

---

---

---

---

---

---

Agenda

- Introduction
- Adult Mental Health Disorders
- The Professional's Role

---

---

---

---

---

---

---

---

# What's In It For Me?

---

---

---

---

---

---

---

---

## #1 Training Rule

We are going to talk about persons diagnosed with a mental illness– not mentally ill people.

---

---

---

---

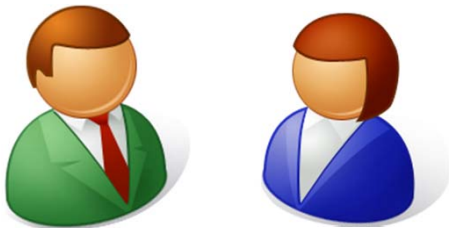
---

---

---

---

## Healthy vs. Unhealthy



---

---

---

---

---

---

---

---



*Mental health is...*

...a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society.

U.S. Department of Health and Human Services. (1996). *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

---

---

---

---

---

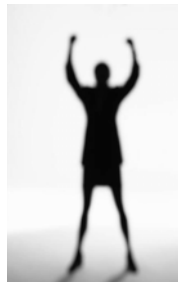
---

---

---

*Stigma:*

An identifying mark that usually has connotations of shame associated with it.



Stigmas related to mental illness are pervasive and is usually triggered by fear, mistrust, lack of knowledge, bias, and stereotyping.

---

---

---

---

---

---

---

---

**Mood Disorders**



Depression =  
Extreme Lows



Bipolar =  
Mix of High and  
Lows



Mania =  
Extreme  
Highs

---

---

---

---

---

---

---

---




---

---

---

---

---

---

---

---

### Depressive episode

- At least two weeks of depressed mood or loss of interest or pleasure accompanied by at least four additional symptoms of depression:

- Significant weight gain or loss
- Insomnia or hypersomnia;
- Observable agitation or slowing
- Fatigue/energy loss
- Feelings of guilt or worthlessness
- Indecisiveness or inability to concentrate
- Re-current thoughts of death or suicidal ideation, attempt or plan




---

---

---

---

---

---

---

---

### Depressive Disorder

At least 2 weeks of depressed mood or loss of interest or pleasure accompanied by at least 4 additional symptoms of depression.

- Depressed mood
- Loss of interest or pleasure
- Significant weight loss or gain
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Decreased energy or fatigue
- Feelings of guilt, worthlessness or helplessness
- Difficulty concentrating, remembering, or making decisions
- Thoughts of death or suicide; suicide attempts

---

---

---

---

---

---

---

---

### Treatment of Depression

#### SSRI

Serotonin reuptake inhibitors

- Celexa
- Lexapro
- Luvox
- Prozac
- Paxil
- Zoloft

#### MAOI

Monoamine oxidase inhibitors

- Marplan
- Nardil
- Parnate

ECT-Electroconvulsive therapy

---

---

---

---

---

---

---

---




---

---

---

---

---

---

---

---

### Manic episode

Mood Episodes (continued)

- Distinct period (at least 1 week) marked by abnormally and persistently elevated, expansive, or irritable mood, plus at least 3 of the following:
  - Grandiosity
  - Decreased need for sleep
  - Pressure of speech
  - Flight of ideas
  - Distractibility
  - Increased goal-directed activity or psychomotor agitation
  - Involvement in pleasurable activities with a high potential for painful consequences (e.g. gambling, fast driving, sexual promiscuity)




---

---

---

---

---

---

---

---

### Mixed episode

Mood Episodes (continued)

#### Mixed episode

- At least 1 week when criteria for both manic and depressive episodes are met nearly every day; rapidly alternating moods; must be severe enough to cause marked impairment



#### Hypomanic episode

- At least 4 days of markedly elevated, expansive, or irritable mood

---

---

---

---

---

---

---

---

### Treatment of Bi-Polar Disorder

#### Medication Therapy

- Lithium
- Depakote
- Tegretol

#### Psychotherapy

- Cognitive-Behavioral
- Psychoeducational
- Family

---

---

---

---

---

---

---

---

### Safety and Risk Factors Depression vs. Bi-Polar

- Infants



- Preschoolers



- School-Aged



- Adolescents




---

---

---

---

---

---

---

---

## Anxiety Disorders

- **Panic Disorder (with or without Agoraphobia):** Anxiety about avoidance of places or situations where escape might be difficult or help unavailable)
- **Obsessive-Compulsive Disorder**
- **Post Traumatic Stress Disorder**
- **Social Phobia (Social Anxiety Disorder)**
- **Generalized Anxiety Disorder**




---

---

---

---

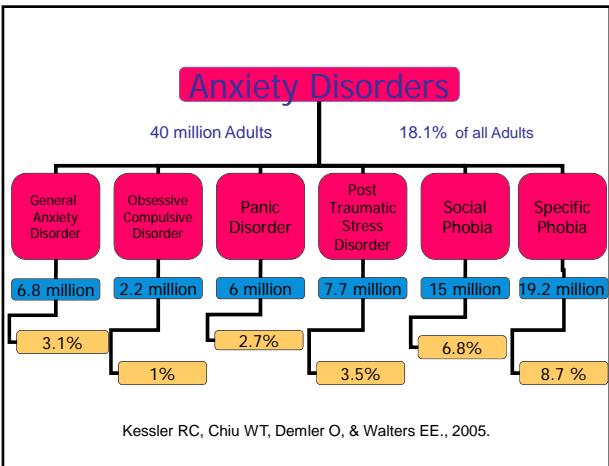
---

---

---

---

## Anxiety Disorders




---

---

---

---

---

---

---

---

## Symptoms of Anxiety

- Restlessness
- Fatigue
- Difficulty Concentrating
- Muscle tension
- Fear
- Tachycardia
- Excessive Worry

---

---

---

---

---

---

---

---




---

---

---

---

---

---

---

---

### Panic Attack

Distinct period of intense fear or discomfort, in which four or more of the following symptoms developed abruptly and reached a peak within 10 minutes:

- |                                                 |                                                         |                                    |                                                |
|-------------------------------------------------|---------------------------------------------------------|------------------------------------|------------------------------------------------|
| Sweating                                        | Palpitations, pounding heart, or accelerated heart rate | Trembling or shaking               | Feeling of Choking                             |
| Sensations of shortness of breath or smothering | Chest pain or discomfort                                | Nausea or abdominal distress       | Feeling dizzy, unsteady, lightheaded, or faint |
| Fear of losing control                          | Fear of dying                                           | Derealization or depersonalization | Paresthasias                                   |
|                                                 | Chills or hot flashes                                   |                                    |                                                |

---

---

---

---

---

---

---

---

### Agoraphobia:

A condition in which a person's life becomes so restricted in an effort to avoid places or situations where panic attacks have occurred.

A person with agoraphobia may exhibit the following:

- Anxiety about being in places or situations from which escape might be difficult
- Situations are avoided or else are endured with marked distress or with anxiety about having a panic attack
- Anxiety or phobic avoidance is not better accounted for by another mental disorder, such as social phobia

---

---

---

---

---

---

---

---






---

---

---

---

---

---

---

---

Obsessive-Compulsive Disorder, or OCD

**OCD involves anxious thoughts or rituals you feel you can't control.**

A person with OCD may be plagued by persistent, unwelcome thoughts or images, or by the urgent need to engage in certain rituals.

**The general signs of OCD are:**

- At some point during the course of the disorder, the person has recognized that the obsessions or compulsions are excessive or unreasonable
- The obsessions or compulsions cause marked distress, are time consuming or significantly interfere with the person's normal routine, occupational functioning or usual social situation
- Not related to another illness
- Not related to substance abuse or general medical condition

---

---

---

---

---


---

---

---

Obsessions:

- Recurrent and persistent thoughts, impulses, or images that are experienced, at some time during the disturbance
- The thoughts, impulses, or images are not simply excessive worries about real-life problems
- The person attempts to ignore or suppress such thoughts, impulses, or images or to neutralize them with some other thought or action
- The person recognizes that the obsessional thoughts, impulses, or images are a product of his/her own mind




---

---

---

---

---

---

---

---

### Compulsions:

- Repetitive behaviors or mental acts that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly
  - Hand washing
  - Ordering
  - Checking
  - Praying
  - Counting
  - Repeating
  
- The behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive




---

---

---

---

---

---

---

---




---

---

---

---

---

---

---

---

### Post Traumatic Stress Disorder

- 1) Experienced, witnessed an event
  - Involved actual or threatened
    - Death or Serious injury
      - Self or Others
  
- 2) Intense Fear, Helplessness, Horror

---

---

---

---

---

---

---

---

3) Re-experienced (1+)

- Recurrent, intrusive recollections
- Distressing dreams
- Acting or feeling as if event was reoccurring
- Psychological distress or reactivity to cues (internal or external)

---

---

---

---

---

---

---

4) Avoid Stimuli (3+)

- Thoughts, feelings, conversations
- Activities that cause recollection
- Inability to recall important info
- Interest and participation in activities
- Detached or estranged from others
- Restricted affect
- Foreshortened future

---

---

---

---

---

---

---

5) Persistent Symptoms (2)

- Sleep
- Anger
- Concentration
- Hypervigilance
- Startle Response
- Longer than one month

---

---

---

---

---

---

---

### Social Phobia (Social Anxiety Disorder)

- A marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny
- Exposure to feared social situations almost invariably provokes anxiety
- The person recognizes that the fear is excessive or unreasonable
- The feared situations are avoided or else endured with intense anxiety
- The avoidance, anxious anticipation, or distress in the feared social or performance situation interferes significantly with the person's normal routine, occupational or social activities
- The fear or avoidance is not due to the direct physiological effects of a substance abuse or general medical condition

---

---

---

---

---

---

---

---



### Types of Specific Phobias:



- **Animal** – e.g. fear of animals or insects; childhood onset
- **Natural Environment** – e.g. fear of storms, heights or water; childhood onset
- **Blood-Injection-Injury** – e.g. fear of seeing blood, of being injured, shots, or other invasive medical procedures
- **Situational** – e.g. public transportation, tunnels, bridges, elevators, flying, driving, or enclosed places; both childhood and early adulthood onset
- **Other** – e.g. fear of choking, vomiting, contracting illness, etc.

---

---

---

---

---

---

---

---

### Generalized Anxiety Disorder (GAD)

Chronic and fills one's day with exaggerated worry and tension, even though there is little or nothing to provoke it.

- Excessive anxiety and worry, occurring more days than not for a least 6 months, about a number of events or activities
- Person finds it difficult to control the worry
- The anxiety and worry are associated with three or more of the following:
  - Restlessness or feeling keyed up or on edge
  - Being easily fatigued
  - Difficulty concentrating or mind going blank
  - Irritability
  - Muscle tension
  - Sleep disturbance, e.g. difficulty falling or staying asleep, or restless unsatisfying sleep

---

---

---

---

---

---

---

---

**GAD**  
(continued)

- The focus of the anxiety and worry is not confined to features of an Axis I disorder
- The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning
- The anxiety is not due to the direct physiological effects of a substance abuse or general medical conditions

---

---

---

---

---

---

---

---

**Impact of Adult Anxiety Disorders on Children**

**Physical**

- Stress-related illnesses and other immune deficiency illnesses
- Parent's anxiety can be detected by their children
- No evidence of physical abuse of children specifically linked to parents with anxiety

**Social**

- Social avoidance of certain social situations may have an impact on the children
- May have fear of having the child(ren) cared for by others
- Increased chance of separation anxiety in children

---

---

---

---

---

---

---

---

**Impact of Adult Anxiety Disorders on Children**  
(continued)

**Emotional**

- Emotional well-being in children is impacted by the consistency and stability in their families
- Parents' own anxiety can impact stability of the home
- Security of the child(ren) may be impacted

**Mental/Cognitive**

- Children are focused on fears or other concerns
- Learning and thinking can be secondary
- Cognitive development can be delayed
- If perfectionism is part of the parent's anxiety, the child's ability to learn can be impacted

---

---

---

---

---

---

---

---

Personality Disorders

Cluster A: Characterized by a pervasive pattern of oddness, eccentricity

- Paranoid Personality Disorder
- Schizoid Personality Disorder
- Schizotypal Personality Disorder

---

---

---

---

---

---

---

---

Personality Disorders (continued)

Cluster B: Characterized by a pervasive pattern of emotionality, drama, and erratic behavior

- Antisocial Personality Disorder
- Borderline Personality Disorder
- Histrionic Personality Disorder
- Narcissistic Personality Disorder

---

---

---

---

---

---

---

---

Personality Disorders (continued)

Cluster C: Characterized by a pervasive pattern of anxiety, fearfulness

- Avoidant Personality Disorder
- Dependent Personality Disorder
- Obsessive Compulsive Personality Disorder
- Personality Disorder Not Otherwise Specified

---

---

---

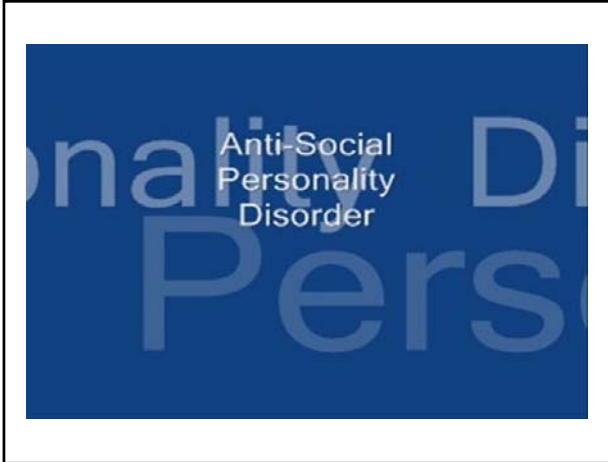
---

---

---

---

---




---

---

---

---

---

---

---

---

### Antisocial Personality Disorder

There is a pervasive pattern of disregard for and violation of the rights of others occurring since age 15 years, as indicated by 3 or more of the following:

- Failure to conform to social norms, unlawful behavior, arrests
- Deceitfulness, lying, using aliases, conning others for personal gain
- Impulsivity or failure to plan ahead
- Irritability and aggressiveness, physical fights, assaults
- Reckless disregard for safety of others or self
- Consistent irresponsibility, not showing up for work, not honoring financial obligations
- Lack of remorse for hurting others mistreated or stolen from others
- Is 18 yrs. old +
- Evidence of Conduct disorder before 15 yrs. of age
- These behaviors are not exclusively during the course of schizophrenia or a manic episode

---

---

---

---

---

---

---

---

### Borderline Personality Disorder

Pervasive pattern of instability of interpersonal relationships, self-image and affects, and impulsivity beginning in childhood relating to 5 of the following:

- Frantic efforts to avoid real or imagined abandonment
- Pattern of unstable and intense interpersonal relationships by alternating between extremes of idealizations and devaluation
- Impulsivity that is potentially self-damaging in at least 2 of these areas: sex, spending, substance abuse, reckless driving, binge eating
- Affective instability due to a marked reactivity in mood (intense dysphoria, irritability, anxiety lasting hours or days)
- Chronic feelings of emptiness
- Inappropriate, intense anger or difficulty controlling anger
- Transient, stress-related paranoid ideation or severe dissociative symptoms

---

---

---

---

---

---

---

---

### Decision Making Crosswalk

Mental Health
Child Welfare

Referral	Referral
<b>Safety Assessment</b> Is emergency commitment necessary?	<b>Safety Assessment</b> Is emergency placement necessary?
<b>Diagnostic Evaluation</b>	<b>Risk Assessment</b>
Axis I & II - Exploration of symptoms	Child Factors - Exploration of abuse & neglect
Axis III & IV - Medical, Psychosocial & Environmental Factors	Caregiver & Environmental Factors
Axis V - Determination of severity of symptoms and ability to function	Overall Risk and Severity Determination
Development Treatment Plan	Development FSP & Child Permanency Plan
<b>Review Process</b>	<b>Review Process</b>

---

---

---

---

---

---

---

---





---

---

---

---

### Common Concerns

- Infants 
- Preschoolers 
- School-Aged 
- Adolescents 

---

---

---

---

---

---

---

---


---

---

---

---

### How I Collaborate




---

---

---

---

---

---

---

---

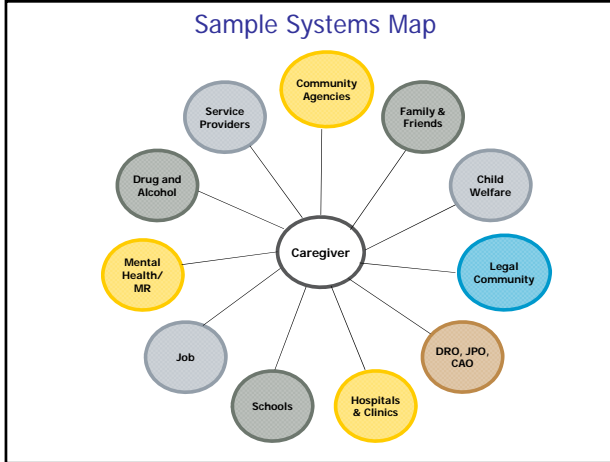
---

---

---

---





---

---

---

---

---

---

---

Transfer Your Learning  
Consider an action plan.

---

---

---

---

---

---

---