Agenda

• Day One
  – Welcome and Introduction to Adult Mental Health
  – DSM-5
  – Crosswalk between the Adult Mental Health and Child Welfare Systems
  – Adult Mental Health Disorders

Agenda (continued)

• Day Two
  – Adult Mental Health Disorder (cont.)
  – Dual Diagnosis and Co-Morbidity
  – Engaging Families
  – Services for Families Dealing with Adult Mental Health
  – Wrap-Up and Evaluations
Learning Objectives

- Name the laws and regulations that are associated with adult mental health issues
- Recognize how and when a caseworker needs to intervene to assure safety, permanency, and well-being for children/adolescents
- Identify the diagnostic criteria for adult mental health disorders and how they manifest behaviorally
- Determine connections between the behavioral indicators for adult mental health disorders and child safety and risk

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.

Results of Ice Breaker Activity

<table>
<thead>
<tr>
<th>Poster #</th>
<th>Person’s Name</th>
<th>What They Are Known For</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Abraham Lincoln</td>
<td>16th president</td>
<td>Depression</td>
</tr>
<tr>
<td>2.</td>
<td>Lionel Aldridge</td>
<td>Hall of Fame football player for the Green Bay Packers</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>3.</td>
<td>Leo Tolstoy</td>
<td>Author of War and Peace</td>
<td>Depression</td>
</tr>
<tr>
<td>4.</td>
<td>Winston Churchill</td>
<td>Prime Minister of England</td>
<td>Bipolar</td>
</tr>
<tr>
<td>5.</td>
<td>Vivien Leigh</td>
<td>Actress</td>
<td>Bipolar</td>
</tr>
<tr>
<td>6.</td>
<td>Sylvia Plath</td>
<td>Poet/Novelist</td>
<td>Depression</td>
</tr>
<tr>
<td>7.</td>
<td>Patty Duke</td>
<td>Actress</td>
<td>Bipolar</td>
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Results of Ice Breaker Activity (continued)

<table>
<thead>
<tr>
<th>Poster #</th>
<th>Person's Name</th>
<th>What They Are Known For</th>
<th>Diagnosis</th>
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</thead>
<tbody>
<tr>
<td>8</td>
<td>Charles Dickens</td>
<td>Novelist</td>
<td>Depression</td>
</tr>
<tr>
<td>9</td>
<td>Ernest Hemingway</td>
<td>Novelist</td>
<td>Depression</td>
</tr>
<tr>
<td>10</td>
<td>Theodore Roosevelt</td>
<td>26th president</td>
<td>Bipolar</td>
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<tr>
<td>11</td>
<td>Ted Turner</td>
<td>Businessman</td>
<td>Bipolar</td>
</tr>
<tr>
<td>12</td>
<td>Mike Wallace</td>
<td>Journalist</td>
<td>Depression</td>
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<tr>
<td>13</td>
<td>Tracy Ullman</td>
<td>Actress/Comedienne</td>
<td>Bipolar</td>
</tr>
<tr>
<td>14</td>
<td>Brooke Shields</td>
<td>Model/Actress</td>
<td>Depression</td>
</tr>
<tr>
<td>15</td>
<td>Michael Jackson</td>
<td>Singer</td>
<td>None</td>
</tr>
<tr>
<td>16</td>
<td>Cesar Chavez</td>
<td>Farm Laborer/Labor Leader/Civil Rights Activist</td>
<td>None</td>
</tr>
<tr>
<td>17</td>
<td>Geronimo</td>
<td>Medicine Man/Apache Warrior</td>
<td>None</td>
</tr>
<tr>
<td>18</td>
<td>Tina Turner</td>
<td>Singer</td>
<td>None</td>
</tr>
<tr>
<td>19</td>
<td>Bjork</td>
<td>Singer</td>
<td>None</td>
</tr>
<tr>
<td>20</td>
<td>Ozzy Osborne</td>
<td>Singer</td>
<td>None</td>
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</table>

Prevalence of Mental Health in the United States

- An estimated 26.2 percent of Americans ages 18 and older — about one in four adults — suffer from a diagnosable mental disorder in a given year.

- This figure translates to 57.7 million people. In addition, mental disorders are the leading cause of disability in the U.S. and Canada for ages 15-44.

- Many people suffer from more than one mental disorder at a given time. Nearly half (45 percent) of those with any mental disorder meet criteria for 2 or more disorders, with severity strongly related to comorbidity. (NIMH, 2008)
Rates of Serious Psychological Distress
Figure 8.1 Rates of Serious Psychological Distress in the Past Year among Adults Aged 18 or Older, by Age: 2005-2006

<table>
<thead>
<tr>
<th>Age in Years</th>
<th>2005</th>
<th>2006</th>
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</thead>
<tbody>
<tr>
<td>18 or Older</td>
<td>10.3</td>
<td>10.2</td>
</tr>
<tr>
<td>18 to 24</td>
<td>10.4</td>
<td>10.2</td>
</tr>
<tr>
<td>25 to 44</td>
<td>12.6</td>
<td>11.4</td>
</tr>
<tr>
<td>45 to 64</td>
<td>7.1</td>
<td>4.9</td>
</tr>
<tr>
<td>65 or Older</td>
<td>4.3</td>
<td>4.3</td>
</tr>
</tbody>
</table>

Biopsychosocial Model
- Temperamental
  - Easy, difficult, slow to warm up (Chess & Thomas, 1991)
- Environmental
  - Family dynamics, parenting styles, larger social systems, adverse life stressors
- Genetic and physiological
  - Predispositions
  - Physical health

(American Psychiatric Association, 2013)

Decision Making Crosswalk

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>Child Welfare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral</td>
<td>Referral</td>
</tr>
<tr>
<td>Safety Assessment/Decisions</td>
<td>Safety Assessment/Decisions</td>
</tr>
<tr>
<td>Safety Plan – What interventions are necessary to address safety threats?</td>
<td></td>
</tr>
</tbody>
</table>

Diagnostic Evaluation to explore:
- Axis I & II – Exploration of symptoms
  - Child Factors - Exploration of abuse & neglect
- Axis III & IV – Medical, Psychosocial and Environmental Factors
  - Caregiver & Environmental Factors
- Axis V – Severity of Symptoms and ability to function
  - Overall Risk and Severity

Development of a Treatment Plan
- Development of an IEP and CPP

Ongoing Mental Health Assessment – medication management, treatment interventions
- Review Process – Review, revise and implement plans
Commitments

- **201 - Voluntary commitment** – (Mental Health Procedures Act §7201-7207)

- **302 - Emergency Involuntary Examination and Treatment** – (Mental Health Procedures Act §7302)

- **303 - Extended Involuntary Emergency Treatment** – (Mental Health Procedures Act §7303)

- **304 - Court Ordered Involuntary Commitment** – (Mental Health Procedures Act §7304)

Pennsylvania Mental Health Procedures Regulation

- Implements and supplements the Mental Health Procedures Act (50 P.S. § 7101-7503) and the Mental Health and Mental Retardation Act of 1966.

- Establishes procedures for treatment of persons with mental illnesses.

Excerpt from Title 55, PA Code, Chapter 5100. www.pacode.com

Pennsylvania Mental Health Procedures Regulation (continued)

Procedures for treatment include:

- Adequate treatment – facility, type of service, etc.

- Responsibility to develop and review treatment plan – consumer involved in his/her own treatment plan

- Treatment facilities – appropriate, approved facilities

- Appeal process

- Contents of treatment plan and review of treatment plan

Excerpt from Title 55, PA Code, Chapter 5100. www.pacode.com
Pennsylvania Mental Health Procedures Regulation (continued)

Procedures for treatment include:

- Role of Mental Health Review Officer – must be trained in mental health law
- Confidentiality of records – persons over 14 years of age control the release of their records
- Bill of Rights for patients/consumers – rights are posted in every approved MH facility, includes grievance and appeal procedures
- Continuity of care – discharge planning

Excerpted from Title 55, PA Code, Chapter 5100.

Pennsylvania Mental Health Procedures Regulation (continued)

Procedures for treatment include (continued):

- Voluntary treatment (examination and treatment; notices; withdrawal discharge and transfer)
- Involuntary treatment (examination and treatment; jurisdiction and venue of legal proceedings; who may be considered for involuntary treatment; standard; admissions to state operated facilities of involuntary committed consumers)
- Procedures for persons charged with a crime or under sentence receiving involuntary or voluntary treatment
- Costs of treatment – establishes liability for treatment costs between the state and the county; also determines county of residence as the county where the consumer had legal address prior to treatment.

Excerpted from Title 55, PA Code, Chapter 5100.

Definition of a Safety Threat

A SAFETY THREAT is the conditions or actions within the child’s own home that represent the likelihood of imminent serious harm to the child. A safety threat only exists if it meets the safety threshold.
Definition of a Safety Threshold

**SAFETY THRESHOLD** is the point when a caregiver’s behaviors, attitudes, emotions, intent, or situations are manifested in such a way that they are beyond being risk influences and have become an imminent threat to child safety. In order to reach the Safety Threshold, a condition must:

- Have potential to cause **Serious** harm to a child
- Be specific and **Observable**
- Be **Out of control**
- Affect a **Vulnerable** child
- Be **Imminent**

Types of Protective Capacities

- **Cognitive Protective Capacity (Thinking):** Does the caregiver of origin have the specific knowledge, understanding, and perceptions to protect the child?

- **Emotional Protective Capacity (Feelings):** Does the caregiver of origin have the specific feelings, attitudes, and identification with the child and motivation to protect the child?

- **Behavioral Protective Capacity (Action):** Does the caregiver of origin behave in a manner that is consistent with protecting the child?

Mental Health Affects on Children

- Almost 1/3rd of American women and 1/5th of American men provide evidence of psychiatric disorder in the past 12 months. 65% of these women are mothers; 52% are fathers.

- Rates of child psychiatric diagnosis among offspring range from 30% to 50%, compared with an estimated rate of 20% among the general child population.

(Nicholson et al, 2001)
Mental Health Affects on Children (continued)

- Research indicates that children who have a parent with mental illness are at significantly greater risk for multiple psychosocial problems.

- Children whose parents have a mental illness are at risk of developing social, emotional, and/or behavioral problems.

- The environment in which children grow affects their developmental and emotional well-being as much as their genetic makeup does.

(Nicholson et al, 2001)

Types of Disorders

- **Depressive Disorders**
  - Major Depressive Disorder
  - Persistent Depressive Disorder (dysthymia)
  - With peripartum onset

- **Bipolar and Related Disorders**
  - Bipolar I Disorder
  - Bipolar II Disorder
  - Cyclothymic Disorder

- **Anxiety Disorder**
  - Panic Disorder
  - Agoraphobia
  - Post-Traumatic Stress Disorder
  - General Anxiety Disorder

Types of Disorders (continued)

- **Personality Disorders**
  - Antisocial Personality Disorder
  - Borderline Personality Disorder

- **Schizophrenia Spectrum and Other Psychotic Disorders**

- **Somatic Symptom and Related Disorders**
  - Factitious Disorder imposed on self
  - Factitious Disorder imposed on another
Mood Episodes

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
- Recurrent thoughts of death or suicidal ideation, attempt or plan

Mood Episodes (continued)

Manic Episode

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)

Hypomanic Episode

At least 4 days of markedly elevated, expansive, or irritable mood.
Bipolar Questions

✓ What answers for bi-polar remained the same? Why or why not?

✓ What answers for bi-polar are different? Why or why not?

✓ What other concerns do you have with the addition of mania?

Anxiety Disorders

• Panic Disorder

• Agoraphobia

• Generalized Anxiety Disorder

Personality Disorders

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

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

• **Cluster C:** Characterized by a pervasive pattern of anxiety, fearfulness
Definition of Dual Diagnosis...

A person who has both an alcohol or drug problem and an emotional/psychiatric problem.

Statistics on Dual Diagnosis

<table>
<thead>
<tr>
<th>Psychiatric Disorder</th>
<th>Increased Risk for Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antisocial Personality Disorder</td>
<td>15.5%</td>
</tr>
<tr>
<td>Manic Episode</td>
<td>14.5%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>10.1%</td>
</tr>
<tr>
<td>Panic Disorder</td>
<td>4.3%</td>
</tr>
<tr>
<td>Major Depressive Episode</td>
<td>4.1%</td>
</tr>
<tr>
<td>Obsessive-Compulsive Disorder</td>
<td>3.4%</td>
</tr>
<tr>
<td>Phobias</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

Co-Morbidity

The presence of more than one mental health disorder occurring in an individual at the same time.
Co-Morbidity and Mental Illness

- 45 percent of those with one mental disorder met criteria for two or more disorders.

- Major Depressive Disorder is a very common comorbid disorder.

- Personality Disorders are often criticized because their comorbidity rates are excessively high, approaching 60%

- Comorbidity is also found to be high in drug addicts, both physiologically and psychologically.

Co-Morbidity and Mental Illness (continued)

- OCD is sometimes accompanied by depression, eating disorders, substance abuse, or other anxiety disorders. Symptoms of OCD can also coexist and may even be part of a spectrum of other brain disorders, such as Tourette’s syndrome.

- OCD and Schizophrenia have been seen together as the OCD seems to be a coping mechanism that help the person with schizophrenia feel protected.

- An association also exists between respiratory diseases and Panic Disorder.

Saleeby Quote...

At the very least, the strengths perspective obligates workers to understand that; however downtrodden or sick, individuals have survived (and in some cases even thrived). They have taken steps, summoned up resources, and coped. We need to know what they have done, how they have done it, what they have learned from doing it, what resources (inner and outer) were available in their struggle to surmount their troubles. (Saleeby, 1992)
Safety Decisions

Safe:
Either caregiver’s existing Protective Capacities sufficiently control each specific and identified Safety Threat or no Safety Threats exist. Child can safely remain in the current living arrangement or with caregiver(s) of origin. Safety plan is not required.

Safe with a Comprehensive Safety Plan:
Either the caregiver(s) of origin existing Protective Capacities can be supplemented by safety actions to control each specific and identified Safety Threat or the child must temporarily reside in an alternate informal living arrangement. No court involvement is necessary; however a Safety Plan is required.

Unsafe:
Caregiver(s) of origin’s existing Protective Capacities cannot be sufficiently supplemented by safety actions to control specific and identified Safety Threats. Child cannot remain safely in the current living arrangement or with the caregiver(s) of origin; County Children and Youth Agency must petition for custody of the child. A Safety Plan is required.
6 Stages of Change

- Pre-contemplation – unaware, uninterested or unwilling to make a change e.g. denial
- Contemplation – considering the change e.g. on the fence
- Determination – deciding and planning to change
- Action – making the change
- Maintenance – keeping the change going, includes relapse
- Termination – permanent change

Parenting Domains

- Focus on parenting
- Focus on mentally ill parent
- Focus on other caregiver, if relevant
- Focus on marriage/partnership, if relevant
- Focus on the child
- Focus on Context

Psychological Evaluations

- Psychological evaluations are intended to:
  - provide a structured, organized, and succinct description of current psychological functioning
  - include cognitive abilities and emotional experience.
- Psychological evaluations offer:
  - insight as to the severity of a particular disturbance and of the capacity for adequate functioning.
  - a formal and structured way of gathering objective information.
Psychological Evaluations (continued)

- Psychological evaluation may be used to:
  - confirm or impressions formed by referring therapists
  - modify impressions formed by referring therapists

- A psychological evaluation may identify:
  - needs in therapy
  - highlight issues that may come up in treatment
  - recommend particular forms of intervention
  - offer guidance about potential outcomes of treatment

- Psychological evaluations typically begin with a clinical interview, and may include any number of psychological tests.

Psychological Evaluations (continued)

- Psychological tests can include:
  - assessments of personality styles
  - tests of emotional well-being
  - intellectual (or IQ) tests
  - tests of academic achievement
  - tests for possible neurological damage
  - tests for specific psychological disturbances and their severity

- Psychological tests may also include:
  - interviews with significant others (such as caregivers, spouses, or social worker)
  - a review of past records and relevant documents

Components of a Psychological Evaluation

- Reason for the evaluation
- History of substance use
- History of the present illness
- Psychosocial/Developmental history (personal history)
- Past psychiatric history
- Information derived from the interview process
- General medical history
Components of a Psychological Evaluation (continued)

- Social history
- Occupational history
- Family history
- Review of symptoms

- Physical examination
- Mental status examination
- Functional assessment
- Diagnostic tests
Reasons for Not Receiving Treatment

Figure 8.7 Reasons for Not Receiving Mental Health Treatment in the Past Year among Adults Aged 18 or Older with an Unmet Need for Treatment Who Did Not Receive Treatment: 2006

When a Caregiver Needs Hospitalization

- How do you help the caregiver with the mental health needs tell the child about their caregiver’s illness and need for hospitalization?
- How might the caregiver feel?
- What might be some concerns of the caregiver?

- What do you tell the child about how long they will be separated from their caregiver and who will be caring for the child?
- What do you tell the child about when they will see their caregiver again?
- What other information do they need?

Transfer of Learning

- What are two things you learned today that you might apply immediately to your casework?
- What are three concepts you plan to share with your supervisor?
- Which resources/handouts from your session today do you plan to share with co-workers?