



Virginia Department of
Behavioral Health &
Developmental Services

Brief Review of Common Mental Illnesses and Treatment

Presentations to the
Joint Subcommittee to Study Mental Health Services in the 21st Century
September 9, 2014

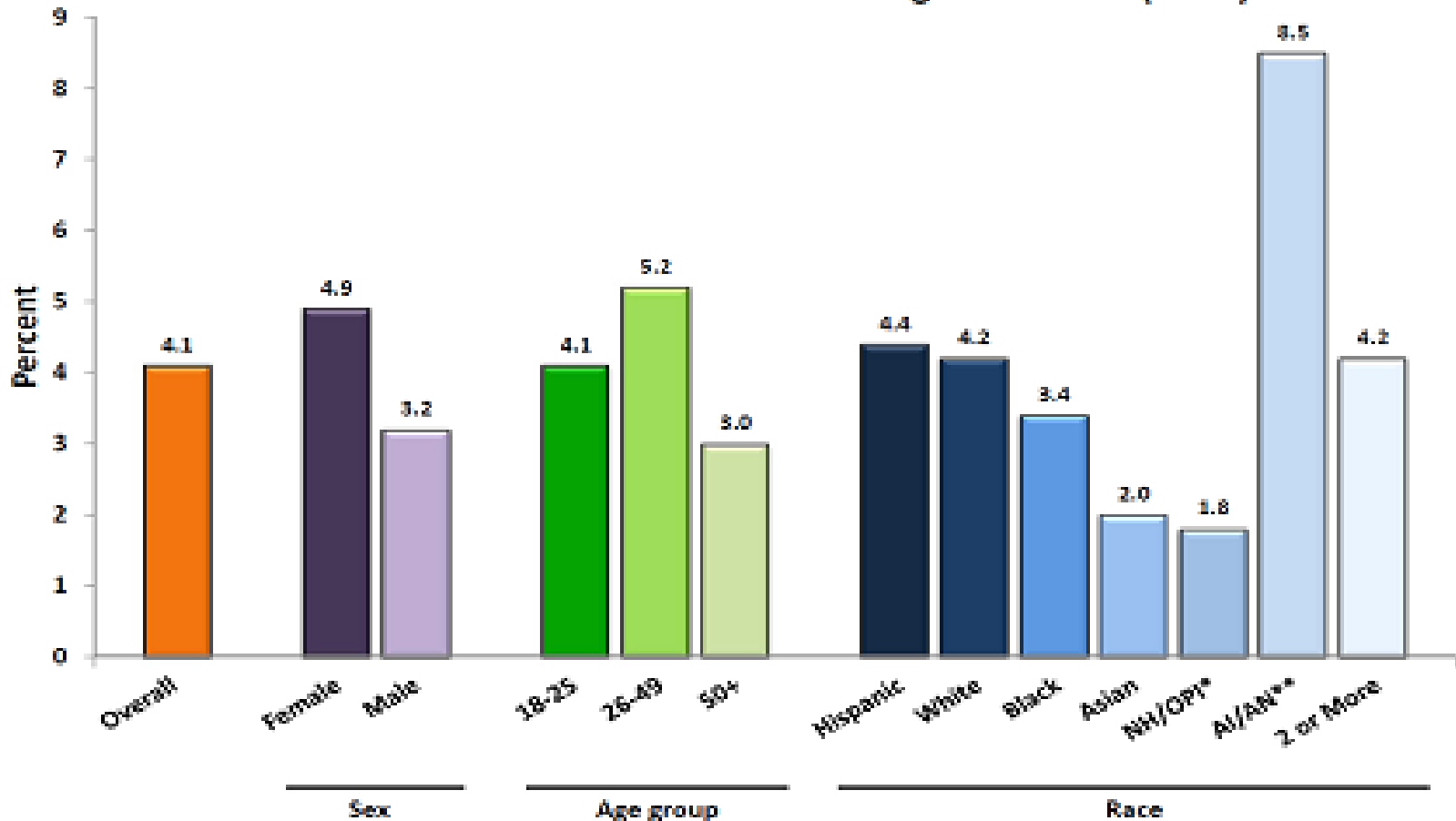
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Introduction

- Mental illness are generally characterized as irregular mood/thought/behavior.
- Examples: Depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors.
- Becomes a concern when symptoms cause frequent distress and affect one's ability to function.
- In 2012 the NIMH estimated that 18.6% of adult Americans experience some form of mental illness during the course of one year.

NIMH Prevalence Rates

Prevalence of Serious Mental Illness among U.S. Adults (2012)



Data courtesy of SAMHSA



*NH/OPI = Native Hawaiian/Other Pacific Islander
**AI/AN = American Indian/Alaska Native

Schizophrenia

- Generally manifests in young adulthood
- Affects approximately 1% of adults (75,000 Virginians)
- Only ½ of 1% of adults with schizophrenia are in state hospitals.
- 40% of the adult population in state hospitals has a schizophrenia diagnosis.
- Symptoms include:
 - Thought disorder or the loss of seamless linear flow of connected ideas or information (“loose associations” or delusional connections)
 - Hallucinations
 - Delusions that may be paranoid, grandiose, sometimes bizarre
 - Ideas of reference, e.g. a character on a TV show is sending special messages
 - Social withdrawal/isolation
- Treatment with antipsychotic medication.

Schizophrenia Treatment

- Treatment must be holistic; engaging the individual in the goal of living a more effective and satisfying life is essential:
 - Searching for the right medicine,
 - Learning interpersonal skills, work or task habits, developing an organizing routine, symptom management,
 - Developing the best support system, including work/meaningful activity, and
 - Giving motivation and support to persevere.
- Substance use makes the illness worse.
- The more time spent being ill with untreated psychotic symptoms the harder it is to recover.
- Some recover to the point that medication is no longer necessary and by all measures appear to be “cured.”

Bipolar Disorder

Bipolar Disorder, with special attention to mania

- Typically manifests during young adulthood
- Affects about 1% of adults, but estimates run as high as 2.9%
- Characterized by: dramatic shifts in mood, energy, and activity levels that affect a person's ability to carry out day-to-day tasks.

Mania

- Thought processes may become extremely fast and manifest in rapid, pressured speech that is difficult to interrupt.
- May have grandiose ideas, impulsivity, irritability, engage in high risk behaviors.
- Manic periods may be days to weeks; depressed periods weeks to months.
- Some cycle much more rapidly, even in the space of hours or a day.
- In the depressed phase a lack of energy, slowed thinking, negative ideas about themselves and others, and pessimism predominate.

Bipolar Disorder Treatment

- Responds well to medication and the individual is typically not affected in terms of their thinking, behavior, or productivity between episodes.
- Treatment can be difficult:
 - Increased energy, clear thought, “great” mood, enhanced socialization, creativity, and “getting things done” is pleasant,
 - Even without medication, one may go months and years without any symptoms.
 - For young people it can be extremely difficult.
- A variety of medications are essential to resolving the acute manic phase and can be vital to maintaining ongoing mood stability and preventing relapses.

Bipolar Disorder Treatment (cont.)

In addition to finding the right medication, it is often important for the individual to:

- Establish/maintain consistent routines of sleep, work, activity, and exercise.
- Be alert for signs that a manic or depressive episode may be building.
- Carefully weigh decisions to stop taking medication after a long period of stability and make contingency plans should symptoms begin to recur.
- Be aware that substance use can produce additional risks.

Schizoaffective Disorder

- Involves a thought disorder with some features of schizophrenia, but with the oscillating mood problems consistent with bipolar disorder or recurrent depressions.
- Estimates that 2.6% of people had schizophrenia, bipolar disorder or schizoaffective disorder, suggesting about 200,000 adult Virginians with one of these diagnoses.
- These three diagnoses represent about 80% of that state hospital population.
- However, no more than about 1% of all individuals with one of these disorders are in the state hospitals during a given year. This illustrates how special the state hospital population is and how these serious illnesses can be treated in community settings.

Depression

- A serious depression, or Major Depressive Disorder, afflicts 6.9% of adult Americans each year; lifetime prevalence of more than 20%.
- Characterized by:
 - Depressed mood, sadness,
 - Loss of energy, motivation, and interest,
 - Poor sleep,
 - Loss of appetite with weight loss,
 - Pessimism,
 - Irritability and poor concentration
 - Social withdrawal.
 - Suicidal thoughts may or may not be present, but are common.
- An episode may be triggered by an event or loss or come “out of the blue”.

Depression Treatment

- Medication is the most common treatment.
- New antidepressants are as effective as the older ones and feature better side effect profiles.
- May require trials with several medications to find the “right one” or combinations of medications.
- Electroconvulsive Treatment (ECT) is still used for individuals who have otherwise not responded and remains an effective treatment.
- Less serious depressions may also be treated with medication.
- Cognitive Behavioral Therapy and other forms of “talk therapy” may be effective and produce a more effective and satisfying way of living.

Anxiety Disorders

- Occur when anxiety becomes excessive, without warranting circumstances and/or negatively affects a person's day-to-day living.
- Include generalized anxiety, post-traumatic stress disorder, obsessive-compulsive disorder, and specific phobias.
- Most common mental disorders experienced by Americans.
- Estimated to affect 18.1% during a given year and almost 30% over the lifetime.

Generalized Anxiety Disorder

- Characterized by excessive worry about everyday problems for at least 6 months.
- May excessively worry about and anticipate problems with finances, health, employment, and relationships.
- May be distracted, have difficulty relaxing, engage in behaviors to try to reassure themselves, or have difficulty falling asleep.
- An estimated 3.1% of Americans experience this disorder in a given year and the lifetime prevalence is 5.7%.

Post-Traumatic Stress Disorder (PTSD)

- Can develop after exposure to a terrifying event in which there was the potential for grave physical harm.
- Examples include violent personal assaults, natural or human-caused disasters, accidents, and military combat.
- May be characterized by:
 - Persistent and intrusive frightening thoughts and memories.
 - Nightmares as well as waking flashbacks.
 - May suffer from ongoing anxiety and vigilance.
 - May develop problems with depression or substance use.

Obsessive Compulsive Disorder

- Characterized by intrusive thoughts (obsessions) that produce repetitive behaviors that are engaged to try to reduce anxiety (compulsions), or a combination of both.
- Examples – Excessive hand washing, repeated checking to be sure doors are locked, doing a task in a specific order.
- Can have a tremendous negative impact on people's day-to-day functioning.
- According to NIMH 1.0% of Americans are afflicted with this in a given year and 1.6% over a lifetime.
- In very severe cases, a person cannot complete basic day to day functions.

Anxiety Disorders Treatment

- Anti-anxiety medications can be prescribed though best in “PRN” or “as necessary” role.
- Newer antidepressants are useful for these conditions and are able to decrease ongoing anxiety as well as prevent “panic attacks” or other surges of anxiety that sometimes afflict people.
- Psychotherapy, mindfulness practices, yoga, exercise, regular habits, and faith.
- More focused medication, talk, and behavioral strategies are typically necessary for individuals suffering from PTSD or OCD.

Mental Disorders in Children and Adolescents

- Approximately 13 percent of children ages 8 -15 had a diagnosable mental disorder within the previous year.
- The most common disorder among this age group is attention-deficit/hyperactivity disorder (ADHD), which affects 8.5 percent of this population.
- This is followed by mood disorders broadly defined at 3.7 percent and major depressive disorder, specifically, at 2.7 percent.
- Other diagnoses include, with their one year prevalence rates:
 - Conduct Disorders, 2.1%.
 - Anxiety Disorders, including generalized anxiety and panic disorder, 0.7%.
 - Eating Disorders, 0.1%.

Conduct Disorder

- Aggressive and destructive activities that cause disruptions in the child's natural environments such as home, school, church, or the neighborhood.
- Repetitive and persistent pattern of behaviors that violate societal norms and the rights of other people.
- National rates for children estimated at 9% for males and 2% for females.
- A common diagnosis in children's inpatient units as well as juvenile justice facilities.

Substance Use Disorders

- May afflict as many as 10% of adults in a given year.
- Half a trillion dollars in lost productivity.
- Associated with incidents of violence and suicide.
- Up to 50% of individuals with a serious mental illness also have problems with substance use.
- The more common drugs of abuse include:
 - alcohol,
 - marijuana,
 - opioids (including prescription pain medicines),
 - the stimulants (such as cocaine and the amphetamines,
 - “club” drugs like ecstasy,
 - PCP, LSD, and bath salts

Substance Use Disorders Treatment

- Detoxification, followed by treatment and relapse prevention.
- Medication and behavioral therapy.
- Treatment has to be individualized and include all aspects of life.
- No single or combination of approaches works for everyone, e.g. residential, day, outpatient, AA, psychotherapy, medications, etc.
 - *Cognitive-behavioral therapy* - help patients recognize, avoid, and cope with the situations in which they are most likely to abuse drugs.
 - *Multidimensional family therapy* - developed for adolescents with drug abuse problems to addresses a range of influences on their drug abuse patterns and is designed to improve overall family functioning.
 - *Motivational interviewing* - capitalizes on the readiness of individuals to change their behavior and enter treatment.
 - *Motivational incentives* (contingency management) - uses positive reinforcement to encourage abstinence from drugs.

Suicide

Suicide Rates In Virginia

- In 2011, Virginia's suicide rate was 12.5 deaths per 100,000 people; national rate was 12.3. NOTE: This is about **4 times the homicide rate**.
- Within Virginia, suicide ranked 11th for cause of death among residents and was the third leading cause of death among 10- to 24-year-olds.
- 1,056 Virginians died by suicide in 2012.
- The Southwest region had the highest suicide rate at 21.3 per 100,000 in 2012, while the Northern region had the lowest rate at 9.3 deaths.
- Four times more frequent in men than women.
- 27% increase in middle aged men since 1999.
- More common in whites and Native Americans.
- Highest in the age range 45-59.

Suicide

- Factors that may increase risk: Loss of person or employment, financial ruin, chronic illness or pain, being unmarried, loss of “face”, and active mental illness.
- A profound sense of “aloneness” is common.
- All mental disorders are associated with an elevated risk of suicide.
- 80 - 90% of people who commit suicide have a mental illness.
- Disorders associated with a higher risk for suicide include:
 - Depressive disorder, 20x the risk for those without the illness
 - Bipolar disorder, 15x risk for those without the illness
 - Schizophrenia, 5x the average risk
 - Posttraumatic stress disorder (PTSD)
 - Substance use problems. 7% of those with alcohol dependence die by suicide.

Example of “Best Practices”

Best practices for Schizophrenia:

- Early identification and treatment.
- Holistic assessment, treatment, and support customized to the individual.
- The right medication for symptom control and side effect tolerance. A mindset of taking medication to live better, not to treat an illness per se or because “you have to.”
- Recovery principles of: hope, choice, purpose, connection to helpful others.
- Psychosocial Rehabilitation: skill and strength building, including CBT and supportive psychotherapy when indicated.
- Peer support services and WRAP (Wellness Recovery Action Plan)
- Family involvement, support, and advocacy.
- Prompt response to increasing symptoms.
- Stable living arrangements.

Concluding Points

- Decreased life expectancy due to treatable medical co-morbidities (25 years).
- Half of all mental illness is diagnosed by age 14; 75% by age 24.
- Behavioral health is essential to health.
- Treatment is effective when it is available and tailored to the individual's needs.
- People do get better. People do recover their lives.