Mental Health Conditions Among Folk in the Community and at CD Welfare Centres or Shelters

Barry Kirker, Clinical Psychologist

027 226 1581

southaucklandpsychology@xtra.co.nz

Presentation To Cover

- Types of conditions
- Aetiology of conditions
- Focus on traumatic events
- Treatment approaches
- Case discussions/ Scenarios
- Other Questions

Mental Health Conditions

- As per DSM –IV-TR
- Mood disorders
- Anxiety disorders
- Schizophrenia & other psychotic disorders
- Substance disorders –drugs and alcohol
- Adjustment disorders -less severe response to stress
- Personality disorders

Mood Disorders

- Major Depressive Disorder
- Dysthymic Disorder
- Bipolar 1 (manic/ mixed and depressive episodes)
- Bipolar 2 (depressive and hypomanic episodes)
- Cyclothymic Disorder (less severe periods with swings)

Manic Epsiode

- Elevated, expansive or irritable mood lasting at least 1 week
- (3 of) Grandiosity, talkative, not sleeping, flight of ideas, distractibility, increase activity, impulsive/risky behaviour
- Not due to drug use
- Disturbance in mood causes impairment in functioning (occupational, social)

Mixed, Hypomania

- Mixed: For at least one week both manic and depressive episode symptoms –ie rapid mood swings and impairment in functioning (occupational, social)
- Hypomania: Distinct from manic episode by elevated, expansive or irritable mood lasting at least 4 days, and clear change from usual mood and functioning but not severe impairment.

Anxiety Disorders

- Panic Attack/ Disorder - With or Without Agoraphobia
- Obsessive-Compulsive Disorder (OCD)
- Social phobia
- Specific phobias; ie, heights, elevators, injections
- Generalized Anxiety Disorder (GAD)
- PTSD –Post Traumatic Stress Disorder

Schizophrenia & other psychotic disorders

- Psychotic = delusions or hallucinations (with lack of insight)
- Disorganized or catatonic behaviour, incoherent speech, paranoid thinking
- Delusional disorder –non bizarre delusions for a month
- Schizoaffective Disorder –depressive, mixed or manic episode also occurs.

What may you come across?

- Conditions across the New Zealand Population -Mental disorder is common in New Zealand: Based on the 2006 Te Rau Hinengaro: The New Zealand Mental Health Survey 46.6% of the population are predicted to meet criteria for a disorder at some time in their lives, with 39.5% having already done so and 20.7% having a disorder in the past 12 months.
- Females have higher rates of anxiety disorder and major depression than males, whereas males have substantially higher rates for substance use disorders. Prevalences are higher for people who are disadvantaged, whether measured by educational qualification, household income or using the small area index of deprivation
- Proportion making a mental health visit to the health care sector is low -only 58.0% of those with serious disorder, 36.5% of those with moderate disorder and 18.5% of those with mild disorder
- Comorbidity of mental disorders (the co-occurrence of two or more disorders) is common, with 37.0% of those experiencing 12-month disorders having two or more disorders. Mood disorders and anxiety disorders are most likely to co-occur .
- Following traumatic event

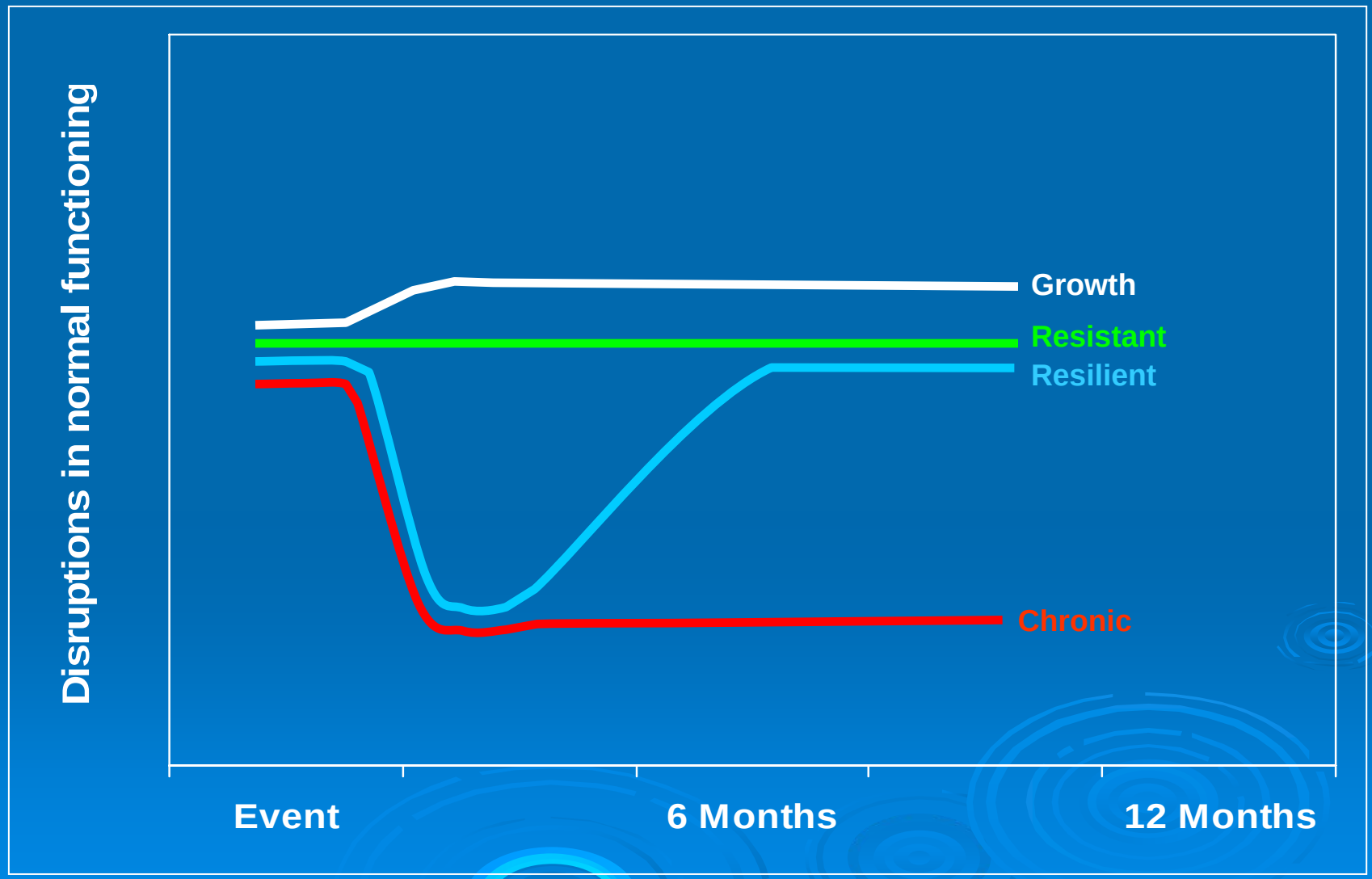
Considerations

- Early life events and environmental response important
- Pre-existing conditions exacerbated by stress, or vulnerability and biological disposition triggered by stressful event
- Acute and chronic
- Normal stress reactions vs pathology
- Somatic presentation –physical complaints indicate psych factors, cultural

PTSD

- At least one month since the traumatic event
- Nature of *event* –details about the accident - *was it life threatening*, what were their injuries, and *how he felt about it (helpless or fearful)*
- Are they *re-experiencing* the event in any form (flashbacks, dreams)
- Is there *avoidance* of stimuli; ie, of driving, being in a certain location
- Is there *increased arousal* (hypervigilance, anger, trouble sleeping, easily distracted)

Prototypical patterns over time



Development of Panic Attacks

- Panic attacks often occur in the context of a general build-up of stress
- A generally stressed state is then followed by specific worrying thoughts about a particular event or concern
- The physical manifestation of the worry –anxiety symptoms occurs in the presence of the event or concern which then becomes negatively reinforcing
- Fear about further panic attacks leads to increased or additional (secondary) symptoms
- The response to the panic symptoms can become more of a problem than the stress that originally caused the symptoms

Experience of Panic Attacks

- Individuals experiencing a panic attack report an onset of intense apprehension and fear that seems sudden and typically occurs for a discrete period
- They can be aware that the response is related to a particular event or object or can seem to be out ‘of the blue’.
- Even though individuals are usually focused on emotions and body sensations common cognitions are “what’s happening to me, this is terrible, I am losing control, people are looking at me, I am having a heart attack”
- Individual is fearful of further symptoms so becomes avoidant, however, first time can be the worse due to shock

Treatment approaches

- Exposure
- Thought/ belief modification
- Skills training; communication, problem-solving, emotional regulation
- Confronting memories and re-evaluating experience
- Education and family interventions
- Pharmacology

What you can do

- Listen
- Enquire as to how they have managed previous stress or trauma in their life
- Refer them to any coping/ relapse prevention plan, and encourage them to contact current treatment providers
- Respond to safety (self and other) issues

Trauma

- Normalize the experience
- Advice on how to look after self; dos and don’ts
- Let them know current feelings will get better in one to two weeks
- If more than a month and still strong symptoms refer them for assessment

Advice for Clients in Panic

- *Awareness and Self-Talk*

  -Note thoughts about a situation or event are causing panic

  -Remind yourself that current feelings are emotional response

  -Tell yourself that no harm will come to you- will not die

- 2. *Breathing and Relaxing*

  -Slow things down by deep breathing; say to yourself, “relax”

  -Let any anxiety run through your body, it will pass

- 3. *Face the Fear*

  -Avoidance is counter-productive

  -Ride the wave –it will peak and then reduce