MSHO Action Plan – Mental Illness Resource Guide – (Common Terms, Diagnoses and Medications)

Common Terms	
Term	**Definition**
Affect	A pattern of observable behaviors that is the expression of a feeling state or emotion. Refers to a fluctuating change in emotion. Descriptors include: • **Blunted** – significant reduction in the intensity of emotional expression. • **Flat** – Absence or near absence on any signs of affective expression. • **Inappropriate** – A mismatch between the affective expression and the content of the speech or ideation. • **Labile** – Rapidly shifting emotions – unstable. • **Latent** – Inactive or dormant.
Borderline Personality Disorder - BPD	Tendency to react more intensely to lower levels of stress than others and to take longer to recover. They peak "higher" emotionally on less provocation and take longer coming down. In addition, they were raised in environments in which their beliefs about themselves and their environment were continually devalued and invalidated. DBT treatment can be effective.
Cognition	The process of thinking, knowing, and processing information.
CBT – Cognitive Behavioral Therapy	CBT is based on the idea that our thoughts cause our feelings and behaviors. Changing the way we think will impact feelings and actions even if the situation does not change. The use of learning principles to change maladaptive thoughts, beliefs, and feelings that underlie emotional and behavioral problems.
DBT – Dialectic Behavioral Therapy	Developed by Marsha Linehan (1991). Maintains that some people, due to invalidating environments during upbringing, or void of emotional support, react abnormally to emotional stimulation. Because of this past invalidation, they have maladaptive coping skills when dealing with intense surges of emotion. DBT is a method for teaching skills that help with these tasks.
Delusion	A fixed false belief held against all contradictory evidence. The belief is not one ordinarily held by other members of a person's culture or subculture. Some common types include: • **Grandiose** – Inflated ideas of self-worth, power, knowledge, or a special relationship to a deity or famous person. • **Reference** – Events, objects or other people in the person's immediate environment have a particular and unusual significance. • **Thought Broadcast** – Thoughts are being broadcast out loud so they can be perceived by others. • **Thought Insertion** – Their thoughts are not their own, but rather inserted into their minds.
DSM-IV-TR	**D**iagnostic **S**tatistical Manual of **M**ental Disorders. The American Psychiatric Association's most widely used criteria for

ICD -10	diagnosing psychiatric disorders. World Health Organization's **I**nternational Statistical **C**lassification of **D**iseases and Related health problems.
ECT – Electroconvulsive Therapy	A series of treatments for severe depression in which a grand mal seizure is artificially induced by passing an electrical current through electrodes applied to one or both temples.
Flight of Ideas	A nearly continuous flow of accelerated speech with abrupt changes from topic to topic.
Hallucination	A sensory perception that has the compelling sense of reality but occurs without external stimuli of that sensory organ. Some common types include: • **Auditory** – Sounds or voices perceived as coming from outside the head. • **Gustatory** – The perception of taste. • **Olfactory** – The perception of odor or smell. • **Somatic** – The perception of a physical experience within the body. • **Tactile** – The perception of being touched or of something under one's skin. • **Visual** – Involving sight and the seeing of people of forms.
Incongruent	Mismatching – words do not match their physical affect or a life style does not match stated values.
Psychosis	A severe psychological disturbance characterized by withdrawal from reality, by hallucinations and delusions, by disturbed emotions, and often by personality disorganization. Many diagnoses have psychotic symptoms, i.e. depression, bipolar, schizophrenia.
Neuroleptics – Also called antipsychotics	A group of psychoactive drugs commonly but not exclusively used to treat psychosis.
Tardive Dyskinesia	Side effect of neuroleptics. Symptoms may include: • Coordinated, rhythmic, abnormal, involuntary sucking. • Chewing. • Licking and pursing movement of the tongue and mouth. • Grimacing, blinking and frowning. • Rocking.

Legal Terms	
72 Hour Hold	A 72-Hour Hold can be placed on an individual by a physician or a peace officer if the person is in imminent danger of harm to self or others. It can only be placed on individuals who have diagnostic criteria for commitment under the Minnesota Commitment Act.
Pre-Petition Screening	Assessment completed by a county intake team to determine if criteria is met to proceed with a civil commitment hearing.
Civil Commitment	Civil commitment is used when an individual with mental illness is indicating by his/her words, actions, or behaviors that he/she is likely to be a danger to self or others. A commitment may also take place when the court finds that an individual with mental illness is unable to provide for their basic human needs, food, clothing, and shelter. The civil commitment proceeding takes place before a district court judge; and the individual who is before the court on the petition for commitment has an attorney to represent them in the proceeding. An initial commitment is for a duration of six months; however, the committed individual may receive a provisional discharge at some point prior to the termination of the commitment.
Stay of Commitment	Sometimes, the court will "stay" or "continue" the commitment as an option to a full commitment if the individual complies with behavior parameters set by the court.
Provisional Discharge (PD)	Criteria that was set by the court has been met in a more restrictive environment. The individual is given the opportunity to meet criteria in a less restrictive environment. If compliance is not met, the PD may be revoked and the full commitment starts at the beginning.
Jarvis	The court must hold a separate phase of the hearing to make a determination on the need for neuroleptic medication. In the great majority of cases, the neuroleptic (Jarvis) portion of the hearing would be done during the same hearing as the commitment. It gives the court the right to order the individual to take medication against their will if their physician deems it medically necessary.

Treatment Modalities	
ACT – Assertive Community Treatment Team	An evidence-based psychiatric rehabilitation modality that provides a comprehensive approach to service delivery to consumers with SPMI (Severe and Persistent Mental Illness). The goal is to keep individuals out of the hospital for longer periods of time by providing "treatment" to individuals within the care team on an ongoing basis. ACT Team Case Managers serve as the Crisis Intervention Respondents for their individuals seven days a week, 24-hours a day. See DHS Bulletin: 08-53-01
ARMHS Adult Rehabilitative Mental Health Services	ARMHS instruct, assist, and support the recipient in: Interpersonal communication skills, community resource utilization and integration skills, crisis assistance, relapse prevention skills, health care directives, budgeting and shopping skills, cooling and nutrition skills, transportation skills, medication education and monitoring, mental illness symptom management skills, household management skills, employment-related skills, and transition to community living services. A Medicaid (MA) funding stream permitting rehabilitation services to be provided one-to-one or in groups, within the home or in the community by qualified staff.
MH- TCM Mental Health Targeted Case Management	MH-TCM services help adults with SPMI and children with SED (Severe Emotional Disturbances) gain access to needed medical, social, educational, vocational, financial and other necessary services as they relate to the recipient's mental health needs. See DHS Bulletin: 09-53-01.

MSHO Action Plan – Diagnoses and Medications

Mood Disorders: **Depression (Major Depressive Disorder, Dysthmia)** **Bipolar Disorder (Mixed, Manic, Depressed)**			
Condition	**Descriptions**	**Symptoms**	**Treatment**
Major Depressive Disorder **Dysthmia**	**Major depressive disorder** also known as: • Clinical depression, • Major depression, • Unipolar depression or disorder) Mental disorder characterized by an all-encompassing low mood accompanied by low self-esteem, and loss of interest or pleasure in normally enjoyable activities. Major depression is a disabling condition which adversely affects a person's family, work or school life, sleeping and eating habits, and general health. **Dysthmia** Chronic or frequent depression that has persisted for two years or more but does not involve severely depressed moods.	**Major Depression Episode** Five or more of the following during the same two-week period with depressed mood or loss of interest. May have psychotic symptoms. • Depressed mood most of the day, nearly everyday. • Markedly diminished interest in all or most activities most days. • Significant weight loss or weight gain without dietary changes of more than 5% of body weight in a month. • Insomnia or hypersomnia nearly every day. • Psychomotor agitation or retardation nearly everyday. • Fatigue or loss of energy nearly everyday. • Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional). • Diminished ability to think, concentrate or make a decision. • Recurrent thought of death, recurrent suicidal ideation, gesture or plan.	**Antidepressant Medications** Prescription antidepressants are effective as well as psychotherapy. Response rates can take at least six to eight weeks from the start of medication to remission, when the patient is back to their normal self. Some commonly used antidepressants include: • Zoloft (Sertraline). • Prozac (Fluoxetine). • Paxil (Paroxetine). • Celexa (Citalopram). • Luvox (Fluoxamine Maleate).

Bipolar Disorder
 	
• **Manic Depression,**
• **Manic Depressive Disorder,**
• **Bipolar Affective Disorder**
	Bipolar disorder is an illness that affects thoughts, feelings, perceptions and behavior.
	
	Most often, a person with manic-depression experiences moods that shift from high to low and back again in varying degrees of severity. The two poles of bipolar disorder are mania and depression. This illness can interfere with day-to-day functioning.
	
	Bipolar disorder is thought to be caused by electrical and chemical elements in the brain not functioning properly and is usually found in people whose families have a history of one or more mental illnesses.
	
	Bipolar episodes are usually separated by periods of "normal" mood, but in some individuals, depression and mania may rapidly alternate, known as rapid cycling.
	
	Extreme manic episodes can sometimes lead to psychotic symptoms such as delusions and hallucinations.
		The DSM diagnosis of bipolar disorder requires one or more manic or mixed episodes (mania and depression).
		
		Manic Episode:
		• Distinct period of abnormally elevated, expansive or irritable mood lasting at least one week.
		
		• During the period of mood disturbance, three or more of the following have to be present:
		  • Increased self-esteem or grandiosity.
		  • Decrease need for sleep.
		  • More talkative or pressure to keep talking.
		  • Flight of ideas, racing thoughts.
		  • Distractibility – drawn to irrelevant things.
		  • Increase in goal directed activity or psychomotor agitation.
		  • Excessive involvement in pleasurable activities that have a high potential for serious consequences – buying sprees, sexual promiscuity.
			Antimania Medications:
			• Lithium (Eskalitn, Lithobod).
			• Depakote (Valproate).
			• Tegretol (Carbamazepine).
			• Neurontin (Gabapentin).
			Bipolar disorder is often treated with mood stabilizer medications, and sometimes other psychiatric drugs.
			
			Antipsychotic Medications
			• Seroquel (Quetiapine).
			• Zyprexa (Olanzapine).
			• Thorazine (Chlorpromazine).
			
			<u>NOTE:</u>
			When medication causes a reduction in symptoms or complete remission, it is important for someone with a bipolar disorder to understand they should continue to take the medicine as prescribed by their physician. This can be complicated, as effective treatment may result in the reduction of manic symptoms and/or the medicine can be mood blunting or sedative, resulting in the person feeling they are stifled or that the medicine isn't working.
			
			Either way, relapse is likely to occur if the medicine is discontinued.

			Psychotherapy also has a role, often when there has been some recovery of stability from medication. Psychotherapy is aimed at: • Alleviating core symptoms. • Reducing negative expressed emotion by learning new coping skills. • Recognizing the symptoms that trigger episodes. • Recognizing the symptoms and taking action before a full-blown recurrence. • Practicing the factors that lead to maintenance of remission.

Anxiety Disorders:
Panic Attacks with and without Agoraphobia
Generalized Anxiety Disorder
Post Traumatic Stress Disorder
Phobias

Conditions	Descriptions	Symptoms	Treatment
Panic Attacks	Chronic state of tension, with brief moments of intense anxiety. The person worries mainly about losing control (having an anxiety attack) and is very quick to use avoidance to lower anxiety.	**Panic Attack –** Four of the following must be present: • Palpitations, pounding heart, increased heart rate. • Sweating. • Trembling or shaking. • Shortness of breath or smothering. • Feeling of choking. • Chest pain or discomfort. • Nausea or abdominal distress. • Feeling dizzy, unsteady, lightheaded or faint. • Fear of losing control or going crazy. • Numbness or tingling. • Chills or hot flashes.	**Antidepressants** **Non-benzodiazepines:** • Buspar (Buspirone). **Benzodiazepines:** • Xanax (Alprazolam). • Valium (Diazepam). • Klonopin (Clonazepam). • Librium (Chlordiazepoxide). • Tranxene (Clorazepate). • Serax (Oxazepam). • Restoril (Temazepam). • Ativan (Lorazepam). • Dalmane (Fluzazepam). **Antimania Medications** • Lithium (Eskalitn, Lithobod). • Depakote (Valproate). • Tegretol (Carbamazepine). • Neurontin (Gabapentin).
Agoraphobic	Fear of being in places or situations from which escape may be difficult – outside of home, crowd.		
Obsessive	Recurrent and persistent thoughts, impulses or images that are intrusive and cause anxiety or stress.		
Compulsions	Repetitive behaviors – hand washing, checking locks, counting. The behaviors are aimed at reducing distress or preventing some dreaded event.		
Generalized Anxiety Disorder	Excessive anxiety or worry with difficulty controlling it. Difficulty concentrating, mind going blank, irritability, fatigue, muscle tension.		
PTSD Post Traumatic Stress Disorder	Exposure to traumatic event that is a re-experienced by images, thoughts, or perceptions. Feeling as if the event was recurring through experiences, illusions, hallucinations, and disassociative		

Phobias	flashback episodes. An intense and unrealistic fear of some object or situation.		

Suicide Ideation

Description	Symptoms – Risk Factors
Suicide Ideation – Vague, fleeting thoughts about wanting to die. **Suicidal Intent** – Thoughts about committing suicide with a concrete plan. **Suicidal Threat** – Expression of a desire to end one's life. **Suicidal Gesture** – Intentional, self-destructive behavior that resembles attempted suicide, but is not clearly life threatening, i.e. overdose on small amount of medication. **Suicide Attempt** – Intentional, self-destructive behavior that is life threatening. **Death Wish** – Passive ideation. Ambiguous about a plan. Engaging in somewhat unsafe behavior with a vague or uncertain feeling about the consequences of that behavior.	**Risk Factors** • Past attempts. • History of impulsive behavior. • Level of depression – hopelessness. • Alcohol or chemical use. • Losses (i.e. death of a loved one, job, pet, etc.). • Elderly – they will rarely tell their plan. One-third of successful attempts are never communicated to anyone. Risk factors increase with age. • Men - Are at greater risk and choose more lethal means. • Women - make more attempts. • Unmarried. • Declining physical health – terminal illness. • Panic attacks. • Obsession rumination. • Victim of sexual, domestic abuse. • Victim of violence. • Witness to a suicide.

Schizophrenia

Conditions	Descriptions	Symptoms	Treatment
Schizophrenia	Schizophrenia is a psychotic disorder or group of psychotic disorders that cause a patient to lose touch with reality. It is marked by severely impaired reasoning and emotional instability. People with schizophrenia are often unable to make sense of the signals they receive from the world around them. They perceive objects and events to be very different from what they really are. If untreated, most people with schizophrenia gradually withdraw from the outside world.	**Characteristic symptoms** include two or more of the following: • Delusions. • Hallucinations. • Disorganized speech. • Grossly disorganized behaviors. Positive Symptoms: • Hallucinations. • Disorganized thoughts. • Bizarre Behaviors. • Delusions. Negative Symptoms: • Lack of or low motivation. • Flat Affect. • Social aloofness. • Impoverished thoughts. **Social/occupational dysfunction:** For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations, or self-care are markedly below the level achieved prior to the onset. **Duration:** Must show signs of persistent disturbance for at least 6 months.	The first line psychiatric treatment for schizophrenia is: **Antipsychotic medication.** Most antipsychotic take around 7–14 days to reach therapeutic effect. This type of drug primarily works by suppressing dopamine pathways in the brain. **Typical Antipsychotic Medications:** (Older types) • Thorazine (Chlorpromazine) • Prolixin (Fluphenazine) • Haldol (Haloperidol) • Loxitane (Loxapine) • Trilafon (Perphenazine) • Navane (Thiothixene) **Atypical Antipsychotic Medications:** (Newer types) • Abilify (Aripiprazole) • Clozaril (Clozapine) • Zyprexa (Olanzapine)

		Onset: Late adolescence and early adulthood are peak years for the onset of schizophrenia symptoms. A person diagnosed with schizophrenia may have: • Auditory hallucinations / delusions. • Disorganized or unusual thinking and speech; this may range from loss of train of thought and subject flow, with sentences only loosely connected in meaning, to incoherence, known as word salad, in severe cases. Social isolation commonly occurs for a variety of reasons.	• Seroquel (Quetiapine) • Risperdal (Risperidone) • Geodon (Ziprasidone) Side effects vary among the various agents in this class of medications. Common side effects include: • Dry mouth. • Muscle stiffness. • Muscle cramping. • Tremors. • Weight-gain. • Extrapyramidal side effects such as the inability to initiate movement, or the inability to remain motionless. **Medication to counteract Extrapyramidal side effect:** • Benedryl (Diphenhydramine) • Cogentin (Benetropine). • Artane (Trihexypenidryl). With atypical antipsychotic drugs there is an increased risk of: • Insulin resistance (metabolic syndrome), obesity.

			• High blood sugar (hyperglycemia). • Diabetes. Psychotherapy, vocational and social rehabilitation are also important in conjunction with medication.

Helpful hints when working with an individual with mental illness:

- Be honest.
- Be direct
- Do not argue with delusions.
- Avoid giving advice to an individual with depression. Saying "pull yourself up by your boot straps" or "just snap out of it" is not helpful or possible for them.
- Be aware of the level of inertia they are experiencing. They may not have the energy to get out of bed, or make themselves something to eat, or shower.
- Be aware when giving them written materials to review that their concentration may be significantly impaired, and the information may not be received as intended.
- Remember that the behaviors are not intentional.
- Reassure the individual that they may experience exacerbations with their illness, and that this is normal.
- Pay close attention to their physical health. A symptom of their mental illness may be that they disregard their physical health and ADLs.
- Ask directly about a suicide plan. Also ask about their means to carry out the plan. This will give you a better idea of their suicide risk. Talking about suicide will not cause them to commit suicide.
- Convey understanding that it is common for medications to have side effects and to report them to their health care provider.

- Encourage compliance with medications.
- Remember that individuals with mental illness are a person first, not an illness. For example, they are not a schizophrenic, but a person with schizophrenia.

Sources:

Stuart, Gail., Sundeen, Sandra. Psychiatric Nursing. 1995 Mosby.

Coon, Dennis. Essentials of Psychology – Exploration and Application. 1998 West Publishing Company.

Allina Health System – Mercy Hospital Behavioral Health. Mental Health Diagnosis and Suicide Assessment. Psychotropic Medications. 2001.