MENTAL HEALTH/ILLNESS INDICATORS TIP SHEET

The purpose of the Mental Health/Illness Indicator Tip Sheet is to assist the SSW in gathering information to provide to community service providers. This will assist the SSW and community partners in providing appropriate services to the family.

The SSW should first explore with the family the possibility the client or someone in the family may have a Mental Illness (if present or suspected).

Indicators of a Mental Illness may include:

A) Stressors and Symptoms: Include current client/family stressors and detailed chronological history of symptoms

Identify and prioritize potential sources of information. These may include, but are not limited to client, family members/significant others, close personal friends, community treatment providers/partners and employers.

Obtain and send necessary release of information documents following DCBS SOP and community partner policies/procedures.

B) Current client symptom inventory (mild, moderate, severe)

1) *Depressed mood (symptoms of depression)*

A depressive disorder is an illness that involves the body, mood, and thoughts. It affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things. A depressive disorder is not the same as a passing blue mood. It is not a sign of personal weakness or a condition that can be willed or wished away. People with a depressive illness cannot merely "pull themselves together" and get better. Without treatment, symptoms can last for weeks, months, or years. Appropriate treatment, however, can help most people who suffer from depression.

2) *Sleep disturbance*

Example: Trouble falling asleep or waking often during the night.

3) *Suicidal ideation (Attempted suicide or tried to hurt yourself during the past six months)*

Suicidal ideation is more common than completed suicide. Most persons who commit suicide have a psychiatric disorder at the time of death. Because many patients with psychiatric disorders are seen by family physicians and other primary care practitioners rather than by

psychiatrists, it is important that these practitioners recognize the signs and symptoms of the psychiatric disorders (particularly alcohol abuse and major depression) that are associated with suicide. Although most patients with suicidal ideation do not ultimately commit suicide, the extent of suicidal ideation must be determined, including the presence of a suicide plan and the patient's means to commit suicide.

4) *Violent ideation (unable to control your anger, desire to hurt someone)*

Examples: Violent ideation or threats conveyed in stories, diary entries, essays, letters, songs, drawings, or videos? Subtle threats, boasts, innuendoes, or predictions.

5) *Panic attacks/obsessions*

A panic attack is a sudden surge of overwhelming fear that comes without warning and without any obvious reason. It is far more intense than the feeling of being 'stressed out' that most people experience. You probably recognize this as the classic 'flight or fight' response that human beings experience when we are in a situation of danger. But during a panic attack, these symptoms seem to rise from out of nowhere. They occur in seemingly harmless situations--they can even happen while you are asleep.

6) *PTSD symptoms*

Post-Traumatic Stress Disorder, or PTSD, is a psychiatric disorder that can occur following the experience or witnessing of life-threatening events such as military combat, natural disasters, terrorist incidents, serious accidents, abuse (sexual, physical, emotional, ritual), and violent personal assaults like rape. People who suffer from PTSD often relive the experience through nightmares and flashbacks, have difficulty sleeping, and feel detached or estranged, and these symptoms can be severe enough and last long enough to significantly impair the person’s daily life.

7) *Abnormal eating behaviors*

There are three major types of eating disorders:

- People with anorexia nervosa have a distorted body image that causes them to see themselves as overweight even when they're dangerously thin. Often refusing to eat, exercising compulsively, and developing unusual habits such as refusing to eat in front of others, they lose large amounts of weight and may even starve to death.
- Individuals with bulimia nervosa eat excessive quantities of food, then purge their bodies of the food and calories they fear by using laxatives, enemas, or diuretics, vomiting and/or exercising. Often acting in

secrecy, they feel disgusted and ashamed as they binge, yet relieved of tension and negative emotions once their stomachs are empty again.

- Like people with bulimia, those with binge eating disorder experience frequent episodes of out-of-control eating. The difference is that binge eaters don't purge their bodies of excess calories.

8) *Psychosis (Heard voices or saw things that other people did not hear or see)*

Mental disturbance of serious magnitude that may be characterized by loss of contact with reality. Delusions and hallucinations are often present.

9) *Substance abuse (Describe current substance abuse, amount and pattern of use)*

Defined as:
A destructive pattern of substance use leading to clinically significant (social, occupational, medical) impairment or distress, as manifested by 3 or more of the following in the same 12 month period.

Symptoms:

- Need for significant increased amounts of the substance to achieve intoxication, or significant diminished effect with continued use of the same amount of the substance.
- The individual suffers withdrawal symptoms within several hours to a few days after a reduction in the amount of the substance taken over a prolonged period of time, to include:
  - Sweating,
  - Hand/body tremors,
  - Nausea or vomiting,
  - Agitation,
  - Insomnia,
  - Anxiety,
  - Hallucinations or illusions, and/or
  - Seizures.
- The individual takes the substance to relieve or avoid the withdrawal symptoms.
- The individual tries to cut down or quit taking the substance, but can't.
- A great deal of time is spent in activities necessary to obtain the substance and/or to recover from its effects.
- The substance is often taken in larger amounts or over a longer period of time than was intended.
- The individual continues to take the substance despite knowing that it's having a significant or worsening impact on their psychological/physical condition (e.g., drinking, knowing that their ulcer condition is being worsened).

- Important social, occupational, or recreational activities are given up or reduced because of substance use.

After the SSW has looked at ALL family members present or suspected Mental Illness indicators, the SSW will then need to look at family member's history of Mental Illness.

C) Past History Mental Illness Indicators (Markers Present, Absent, Unknown) may include:

1) Sexual/Physical abuse (Length and type of history);
2) Substance/Alcohol abuse (experienced withdrawal when you reduced or tried to cut down use of alcohol or drugs?);
3) Suicide/Self-mutilation (attempted suicide or intentionally hurt yourself?);
4) Violence (unable to control your anger?); and
5) Psychosis (heard voices, or saw things that other people did not hear or see?)

D) Substance abuse profile (Current amount, Last used (date):

1) Alcohol;
2) THC,
   Definition:
   This is the primary intoxicant in marijuana, *Cannabis sativa*. It is marketed as Marinol; it can be legally prescribed to treat nausea associated with chemotherapy and radiation treatment. It has also proven useful in treating Glaucoma.
   Synonyms:
   - Dronabinol,
   - Marinol, and
   - Tetrahydrocannibanol;
3) Cocaine/Crack/Pep pills/Speed;
4) LSD/Mescaline/Psilocybine;
5) Caffeine/tobacco;
6) Prior outpatient substance abuse treatment (reason for treatment?);
7) Prior inpatient substance abuse treatment (reason for treatment?);
8) Recent drug or alcohol intoxication or abuse (criminal charges in the past year?); and
9) Obtain copies of past/present Relapse Prevention Plans from community service providers/partners.

E) Family history (history of psychiatric or substance abuse disorders in blood relatives

F) Medical History (Significant past illnesses or traumas, etc.)

G) Current medications (Medication, dosage, taken as prescribed)

1) Is the medication for emotional or behavioral problems?
2) Taking medications as prescribed?
3) List of doctors currently prescribing medications.

H) Current client Mental status:

1) Appearance and behavior;
2) Mood and affect;
3) Speech and thought process;
4) Thought content and Perceptions; and
5) Cognitive and Intellectual functioning.

I) Recent suicide? Include all recent (past month) ideation, gestures, and attempts. Also record key material such as hopelessness and extent of actions or plans.

Effective treatment/interventions may be available for a person suffering from mental illness. If an SSW suspects an adult or child may be suffering from a mental illness or has symptoms of mental illness, the SSW should seek appropriate information and treatment/intervention services as soon as possible for the adult and/or child.

There are many factors that determine if or where someone should go for a mental health assessment or treatment. Mental health or Comprehensive Care Centers are available in every region. The SSW can call their local mental health/comprehensive care center for referral information.

DEFINITIONS

ACCESSIBLE SERVICES - Services that are affordable, located nearby, and open during evenings and weekends. Staff is sensitive to and incorporates individual and cultural values. Staff is also sensitive to barriers that may keep a person from getting help. For example, an adolescent may be more willing to attend a support group meeting in a church or club near home than to travel to a mental health center. An accessible service can handle consumer demand without placing people on a long waiting list.

APPROPRIATE SERVICES - Designed to meet the specific needs of each individual child and family. For example, one family may need *day treatment*, while another may need *home-based services*. Appropriate services for one child and family may not be appropriate for another. Appropriate services usually are provided in the child's community.

ASSESSMENT - A SSW review of child and family needs. The assessment of the child includes a review of physical and mental health, intelligence, school performance, family situation, and behavior in the community. The assessment identifies the strengths of the child and family. Together, the SSW and family decide what kind of treatment and supports, if any are needed.

CHILDREN AND ADOLESCENTS AT RISK FOR MENTAL HEALTH PROBLEMS
Children are at greater risk for developing mental health problems when certain factors occur in their lives or environments. Factors include physical abuse, emotional abuse or neglect, harmful stress, discrimination, poverty, loss of a loved one, frequent relocation, alcohol and other drug use, trauma, and exposure to violence.

CULTURAL COMPETENCE – Services that are sensitive and responsive to cultural differences. The SSW must be aware of the impact of culture and possess skills to help provide services that respond appropriately to a person's unique cultural differences, including race and ethnicity, national origin, religion, age, gender, sexual orientation, or physical disability. The SSW must also adapt their skills to fit a family's values and customs.

EARLY INTERVENTION - A process used to recognize warning signs for mental health problems and to take early action against factors that put individuals at risk. *Early intervention* can help children get better in less time and can prevent problems from becoming worse.

FAMILY SUPPORT SERVICES – Services designed to keep the family together, while coping with mental health problems that affect them. These services may include consumer information workshops, in-home supports, family therapy, parenting training, *crisis services*, and *respite care*.

INDIVIDUALIZED SERVICES - Services designed to meet the unique needs of each child and family. Services are individualized when the SSW pays attention to the needs and strengths, ages, and stages of development of the child and individual family members.

MENTAL HEALTH - How a person thinks, feels, and acts when faced with life's situations. *Mental health* is how people look at themselves, their lives, and the other people in their lives; evaluate their challenges and problems; and explore choices. This includes handling stress, relating to other people, and making decisions.

MENTAL HEALTH PROBLEMS - Mental health problems are real. They affect one's thoughts, body, feelings, and behavior. Mental health problems are not just a passing phase. They can be severe, seriously interfere with a person's life, and even cause a person to become disabled. Mental health problems include depression, bipolar disorder (manic-depressive illness), attention-deficit/ hyperactivity disorder, anxiety disorders, eating disorders, schizophrenia, and conduct disorder

PLAN OF CARE - A treatment plan especially designed for each child and family, based on individual strengths and needs. The SSW develop(s) the plan with input from the family. The plan establishes goals and details appropriate treatment and services to meet the special needs of the child and family.

SERIOUS EMOTIONAL DISTURBANCES - Diagnosable disorders in children and adolescents that severely disrupt their daily functioning in the home, school, or community. Serious emotional disturbances affect one in 10 young people. These disorders include depression, attention-deficit/hyperactivity, anxiety disorders, conduct disorder, and eating disorders.