Is it Mental Health or Mental Illness…and What’s the Difference Anyway?

Behavioral Health Education Center of Nebraska (BHECN)
2015 Mental Health Nursing Training Series
Program 1: March 12, 2015
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Connie Wallace EdD, MSN, RN, PMH-CNS-BC

Disclosures
• Neither Mary Moller or Connie Wallace have any conflicts of interest to disclose related to any aspect of this presentation.

About BHECN
The Behavioral Health Education Center of Nebraska (BHECN, pronounced “beacon”) was created by the Legislature to address the shortage of behavioral health professionals in rural and underserved areas. BHECN recruits & educates students in behavioral health and trains & retains professionals in the workforce.

By increasing the number of behavioral health professionals, improving accessibility of behavioral health care, and building competence of the workforce, we are improving the health of all Nebraskans.

Learn more at unmc.edu/bhecn
Keep up with the latest events and trainings from BHECN: facebook.com/BHECN
Purpose
The purpose of this webinar series is to enable the learners to access and apply mental and behavioral health best practices for patient clinical care and support to promote recovery and reduce stigma.

About the Mental & Behavioral Care Webinar Series
Individual webinars will focus on common psychiatric disorders using a holistic approach to include cultural awareness, spirituality, interdisciplinary collaboration, psychopharmacology, and principles of recovery.

Acknowledgements
BHECN would like to acknowledge the collaboration with the American Psychiatric Nurses Association, NE Chapter (APNA-NE) in the development and implementation of this educational series.
About the APNA
Because together we change the lives of individuals, families, communities, and ourselves.

APNA-NE Mission Statement
The Nebraska Chapter of the American Psychiatric Nurses Association provides leadership to promote psychiatric-mental health nurses, improve mental health care for culturally diverse individuals, families, groups, and communities, and shape health policy for the delivery of mental health services.

APNA-NE Spring Conference
Friday, March 27, 2015
Alegent Creighton, Omaha, Nebraska

Featured Topics Include:
• Genetic influences on psychological resilience to stress and trauma. Kosuke Nishi, MSN, PMHNP-BC
• Mental health during pregnancy. Crystal Epstein, MSN, PHNP-BC
• Assessment and Treatment of Tourette Syndrome. Cathy Budman, MD, Hofstra University School of Medicine
• Caring for Transgender Clients. Ryan Sallana, Inc, CEO/President - Diversity and Inclusion Trainer
• Psychiatric Diagnosis: An Interactive Case Study. Cindy Hayes RN, MSN, FNP-C, PMHNP-C

Register online:
https://www.apna.org/i4a/ams/conference/conference.cfm?conferenceID=151
Mental illness prevalence

• 4.4% of Nebraskans are estimated to have a serious mental illness

<table>
<thead>
<tr>
<th>Region</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 1</td>
<td>4.66%</td>
</tr>
<tr>
<td>Region 2</td>
<td>5.07%</td>
</tr>
<tr>
<td>Region 3</td>
<td>4.47%</td>
</tr>
<tr>
<td>Region 4</td>
<td>4.66%</td>
</tr>
<tr>
<td>Region 5</td>
<td>4.69%</td>
</tr>
<tr>
<td>Region 6</td>
<td>4.14%</td>
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</tbody>
</table>
Nebraska’s Actively Practicing Behavioral Health Professionals in 2012

<table>
<thead>
<tr>
<th>Professional Type</th>
<th>Nebraska</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psychiatric Prescribers</strong></td>
<td></td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>156</td>
</tr>
<tr>
<td>Nurse practitioners practicing mental health</td>
<td>75</td>
</tr>
<tr>
<td>Physician assistants practicing mental health</td>
<td>12</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>243</strong></td>
</tr>
<tr>
<td><strong>Independent Behavioral Health Professionals</strong></td>
<td></td>
</tr>
<tr>
<td>Psychologists</td>
<td>335</td>
</tr>
<tr>
<td>Independent mental health practitioners (LIMHPs)</td>
<td>703</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>1038</strong></td>
</tr>
<tr>
<td><strong>Other Behavioral Health Professionals</strong></td>
<td></td>
</tr>
<tr>
<td>Mental health practitioners (LMHPs)</td>
<td>1031</td>
</tr>
<tr>
<td>Addiction counselors (LADCs, Gambling)</td>
<td>156</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>1187</strong></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>2468</strong></td>
</tr>
</tbody>
</table>

Note: Include both full- and part-time practitioners, 2012

Rate of Psychiatric Prescribers (MD/DO, APRN & PA) by Nebraska county, 2012

Mental & Behavioral Care Webinar Series 2015-2016

- March: Intro: Brain function, overview of Mental Illness
- May: Suicide/Bullying
- July: Diagnosis and Treatment of a Complex Psychiatry Patient
- Sept: Differentiating Depression & Bipolar Depression
- Nov: TBD
- Jan: Schizophrenia & Associated Comorbidities
Where we’re from:

Who Do We Have in the Audience?

• Practice site:
  – Primary care inpatient
  – Primary care outpatient
  – Psychiatric care inpatient
  – Psychiatric care outpatient

Objectives-Program 1

At the completion of this session the participant will:

1. Discuss the differences between mental health, mental illness, and behavioral health (MHBH) diagnoses
2. Review epidemiology of mental health/mental illness disorders
3. Evaluate a paradigm for assessment of MHBH symptoms to promote recovery.
How Did We Get From.....

To Here????

A Very Brief Timeline

• 1487: The first psychiatric textbook: Malleus Maleficarum Means “The Witches Hammer.”
• 1656: Hospital general in Paris: Bethlehem (Dicken’s Bedlam)
• 1690’s: Herman Boerhaave, Dutch psychiatric invented the dunking chair.
• 1690: Writings of Johann Weyer (1515-1558 were found.)
Timeline (con’t)

• 1700-1850: Period of enlightenment
  - Phillippe Pinel: Unchained the insane in France
  - Benjamin Rush: Father of American Psychiatry

• 1800s-1900: the era of public institutions

Timeline (con’t)

• 1802-1887: Dorothea Dix
• 1820-1910: Florence Nightingale
• 1841-1930: Linda Richards
• 1899: Freud (Interpretation of Dreams)
• 1909: Clifford Beers
• 1911: Eugene Bleuler
• 1919: Emil Kraepelin

Timeline (con’t)

• 1946: Mental Health Act
• 1950: NLN concluded special training needed for PMH nursing
• 1952: Interpersonal Relations in Nursing
• 1952: Psychiatric nursing required on state board exams
• 1954: First master’s degree in nursing-PMH (Rutgers)
• 1960: First PHD in nursing-PMH (Boston)
Cortex Changes in Serious Mental Illness

Normal MRI
Anterior View

Patient with Schizophrenia
Anterior View
Why I hate benzodiazepines

Neurotransmitter Involvement

- Serotonin
- Norepinephrine
- Epinephrine
- Dopamine
- Acetylcholine
- Glutamate
- GABA
Global Burden of Illness (WHO, 2002)

- DALYs—Disability adjusted life years
  - time lived with disability plus
  - time lost to premature mortality
- In 1990, schizophrenia ranked 9th out of **ALL DISEASES—infected and noninfected**
- By 2020 will remain at 9th

Global Burden of Illness (con’t)

- In 2002, WHO identified that 10% of the global population (450,000,000) are affected by psychiatric illnesses at any one time
- **BUT** this 10% accounts for **31%** of all years lived with disability
Diseases with Greatest Global Burden:
% Total Disability Adjusted Life Years

![Bar Chart]

Statistics

- 57% of Americans know someone who has been diagnosed with a mental illness
- 1 in 5 adults has a diagnosable mental illness
- 1 in 4 families has a member with mental illness
- 1 in every 5 children/adolescents have mental health problems but only 1/3 are getting any help
- 1 in every 14 jail inmates has a mental illness
- 2/3 of elderly nursing home residents have a diagnosis of a mental illness


Of the general population

- 9.5% have major depression
- 1.2% have bipolar disorder
- 2.8% have generalized anxiety disorder
- 1.7% have a panic disorder
- 2.3% have obsessive-compulsive disorder
- 1.1% have schizophrenia
- 1% have dissociative identity disorder
Of the general population

- 3.6% have PTSD
- 14% have dissociative states
- 12% have phobias
- 1% of adolescent girls have anorexia
- 7.1% ages 12 and over used illicit drugs in the last year
- 7.3% are substance-dependent/or abusive
- 18.8% of adults 18-25 are current drug users
- 19% of youths 12-20 report binge drinking

What Is Mental Illness?

- The term mental illness is really a misnomer. The correct terminology is ‘illness of mental functions.’
- What are mental functions?
  - Perception
  - Cognition
  - Emotion
  - Behavior
  - Socialization

Five Major Brain Functions

- Perception: interpretation sensory input
- Cognition: thinking, memory, problem solving, judgment
- Emotion: feelings
- Behavior: speech, actions, responses
- Social function: ability to get along with others and function in society
Abstract Thinking

- Problem-solving: inductive and deductive
- Ability to make predictions
- Ability to access stored information and use it meaningfully
- Cause and effect reasoning

Concrete Thinking

- Difficulty with multiple-stage commands
- Difficulty with time management
- Difficulty with money management
- Difficulty differentiating between literal and figurative meanings of words and symbols

PERCEPTION

- Vision, hearing, taste, touch, smell
- Pain recognition
- Ability to discern right/left
- Proprioception
- Ability to distinguish sounds, rhythm, music
- Ability to distinguish foreground from background
What Are Thoughts?

Simply put, speech is a manifestation of brain processing

- Formal Thought Disorder
- Circumstantiality
- Loose associations
- Neologisms

- Word salad
- Clang associations
- Illogical speech
EMOTION / AFFECT

• Ability to appropriately experience and express pleasure (happiness)
• Ability to appropriately experience and express displeasure (anger)
• Ability to appropriately experience and express loss (sadness, grief)

BEHAVIOR / MOVEMENTS

• Ability to appropriately act and respond to internal and external stimuli
• Ability to successfully complete ADL’s
• Understand and follow directions
• Ability to initiate movement

BEHAVIOR / MOVEMENTS

• Ability to maintain balance
• Normal gross motor movements
• Normal fine motor movements
• Body movements that are appropriate to and correlate with internal and external stimuli
SOCIALIZATION

- Ability to form cooperative and interdependent relationships
- Ability to respond correctly in a social setting
- Ability to correctly interpret non-verbal behaviors of others
- Ability to act and respond appropriately to internal and external stimuli

Schematic of Information Processing

**Sensory Input**
- External
  - Taste
  - Touch
  - Sight
  - Hearing
  - Smell
- Internal

**Information Processing**
- Discrimination
- Perception
- Feedback loops
- Memory
- Judgment
- Decisions
- Cognition
- Fight/Flight

**Output**
- Behavior
- Social Function
- Thoughts
- Speech
- Emotions
- Motor Function

Now it's your turn

- Now that we've reviewed basic information regarding brain function/mental illness symptoms, what questions do you have regarding your current clinical practice?
Evaluation

• To receive your CNE certificate, complete the evaluation:
  – bit.ly/MHWebinar1-Evaluation