

Understanding Mental Health Conditions from a Recovery Perspective

Kevin Henze, Ph.D., CPRP
Patricia Sweeney, Psy.D., CPRP

Learning Objectives

- Discuss the origins and stages of impact of mental health conditions.
- Contrast the medical model and recovery model approaches to understanding assessment and treatment of mental health conditions.
- Identify psychiatric rehabilitation interventions that VHA peer specialists can use when working with Veteran health care service users who experience barriers to their wellness and personal goals.

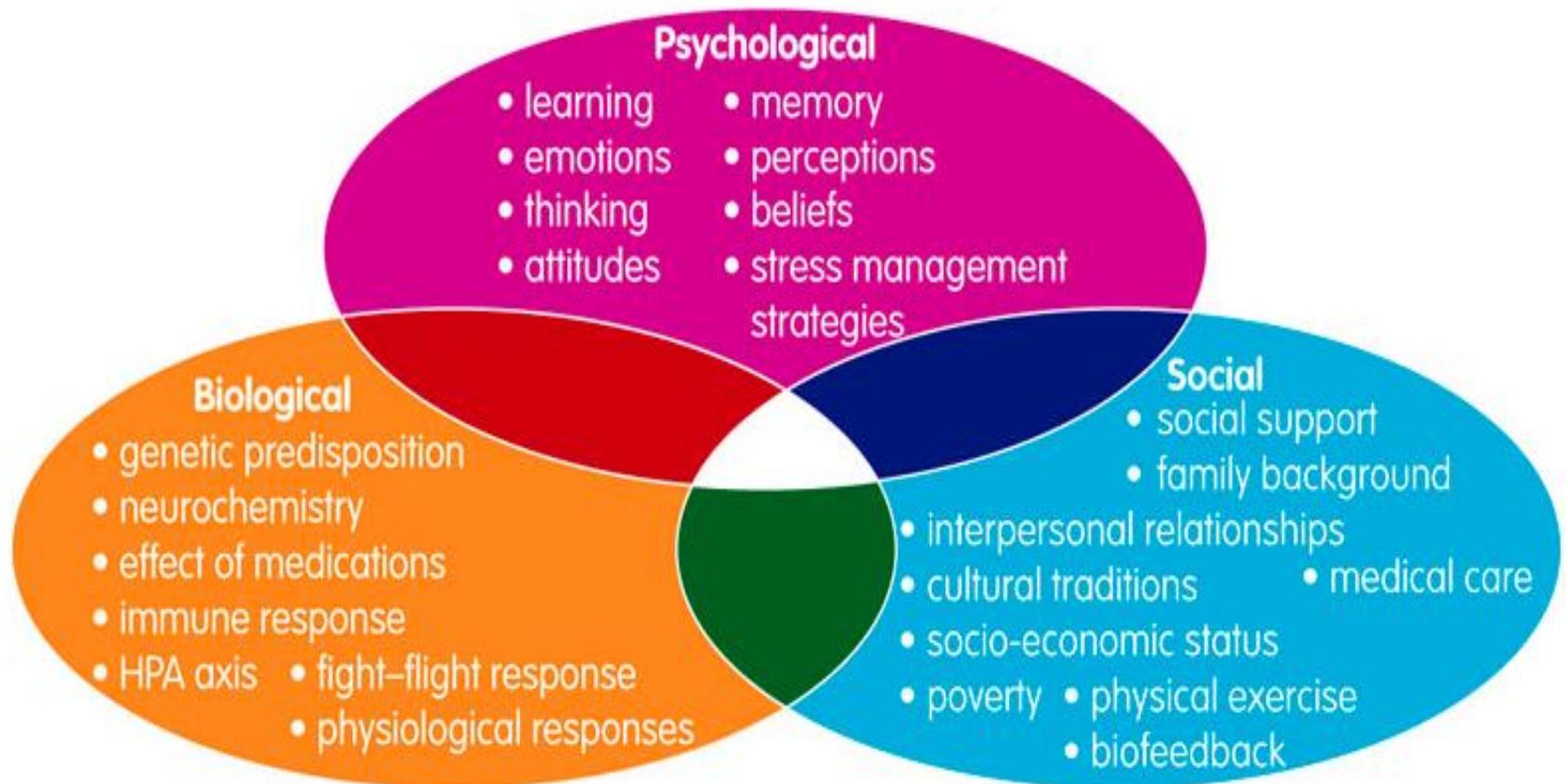
Why VHA Peer Specialists Need to Know This Information

- Understand the common language used in VHA health care settings where the peer specialists work.
- Use the information to act as a bridge between VHA clinical providers and Veterans receiving health care services.



Biopsychosocial Framework: Model to Explain Origin of Mental Health Conditions

- **biopsychosocial framework:** an approach to describing and explaining how *biological*, *psychological* and *social* factors combine and interact to influence physical and mental health



Stages of Impact of Mental Health Conditions

When a person has a mental illness and/or substance use condition, the illness impacts several areas of his/her life. Anthony et al. (2002) described stages of impact:

- Impairment: A person experiences major symptoms that interfere with daily life. Examples of impairment are hallucinations, panic attacks, or depressed mood.
- Dysfunction: The symptoms lead to one's difficulty performing an activity or task that would normally be performed in one's daily life. Examples would be lack of social skills, work skills, or daily living skills (ex: grooming, cooking, cleaning, etc.).
- Disability: This refers to a person's limitations that keep him/her from performing an important role that is normally performed by most human beings. Examples of the impact of having a disability are unemployment or homelessness.
- Disadvantage: This is the lack of opportunity that a person with a mental illness and/or substance use condition has. Disadvantages, such as discrimination and poverty, limit or prevent that person from performing normal roles in his/her community.

What are symptoms (impairment)?

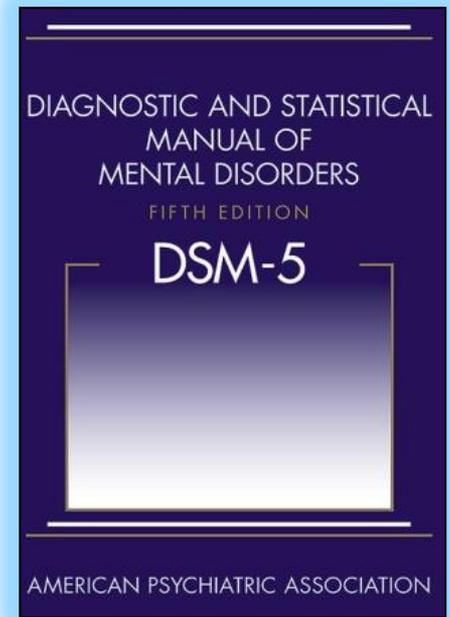
- Symptoms of a mental illness or substance use condition are warning signs that the person is not functioning as he/she usually does.
- Symptoms can be:
 - Physical—Examples: body aches; pain; feeling tired more often.
 - Emotional—Examples: increased anger/irritability; lingering sadness.
 - Behavioral—Examples: isolating from loved ones; sleeping less or more often; eating less or more often; excess \$\$ spending.
- Mental illnesses and substance use conditions often manifest themselves with more than one type of symptom (physical, emotional, and behavioral).

Medical Model Approach to Assessment & Treatment of Mental Health Conditions

- Assessment:
 - Identify symptoms that the individual is experiencing.
 - Use the symptoms to provide a diagnosis (ex. bipolar disorder).
- Goals of treatment:
 - Reduce or eliminate the symptoms.
 - Stabilize the individual so that he/she stays out of the hospital.
 - The individual remains compliant with treatment (ex. taking prescribed medication).
- Treatment approaches:
 - Prescribe medication.
 - Refer the person for individual therapy and/or group therapy.
- While important, the medical model approach only addresses the first stage of impact of a mental illness or substance use condition (impairment).

DSM

- The *Diagnostic and Statistical Manual of Mental Disorders* (DSM) contains descriptions of numerous psychiatric disorders, including substance use and addictions. The DSM describes symptoms and other diagnostic information. It does not contain treatment information.
- Three main reasons for clinical staff to use the DSM:
 - To help psychiatrists and other clinicians identify psychiatric disorders
 - To help psychiatrists and other clinicians communicate using a “standard” language.
 - To help mental health agencies communicate with insurance companies and regulators so that they can obtain payment for services



DSM-5

The DSM-5 endorses a dimensional approach to diagnosis. Two broad groups have been identified to organize understanding about types of disorders that share common genetic and environmental risk factors. These two groups are:

Internalizing Group:

- Representing disorders with prominent anxiety, depressive, and somatic symptoms. Examples include: major depressive disorder; persistent depressive disorder (dysthymia); generalized anxiety disorder; panic disorder; somatic symptom disorder; dependent personality disorder; avoidant personality disorder; post-traumatic stress disorder; bipolar disorder; and schizophrenia.

Externalizing Group:

- Representing disorders with prominent impulsive, disruptive conduct, and substance use symptoms (including intoxication and withdrawal as well). Examples include: intermittent explosive disorder; antisocial personality disorder; alcohol use disorder; opioid use disorder; caffeine intoxication and withdrawal; and tobacco use disorder.

The disorders listed in the DSM-5 are organized along a developmental and lifespan continuum. The disorders are listed in a chronological order in terms of expected age of onset.

Table 1 DSM-5 diagnostic chapters

Neurodevelopmental disorders

Schizophrenia spectrum and other psychotic disorders

Bipolar and related disorders

Depressive disorders

Anxiety disorders

Obsessive-compulsive and related disorders

Trauma- and stressor-related disorders

Dissociative disorders

Somatic symptom and related disorders

Feeding and eating disorders

Elimination disorders

Sleep-wake disorders

Sexual dysfunctions

Gender dysphoria

Disruptive, impulse-control, and conduct disorders

Substance-related and addictive disorders

Neurocognitive disorders

Personality disorders

Paraphilic disorders

Other mental disorders

Diagnosis in VHA Medical Records

Although DSM-V eliminated use of the former DSM-IV-R “axial” system of categories, peer specialists may still see diagnoses in a Veteran’s electronic medical record (CPRS) listed in an “axial” format as follows:

- Axis I: This axis was used to report all the various psychiatric disorders except personality disorders or developmental disabilities which were covered in Axis II. The disorders on Axis I were usually the main focus of treatment, and they were described with a “code.” If someone had more than one disorder, the primary disorder (the one causing the most disturbance) was listed first.
- Axis II: This axis was used to report personality disorders or developmental disabilities.
- Axis III: This axis was used to report general medical conditions (ex. diabetes; kidney failure; hepatitis; or any other medical condition).
- Axis IV: This axis was used to describe psychosocial and environmental problems (ex. legal problems; homelessness; lack of support system; etc.).
- Axis V: This axis relied on reference to a Global Assessment of Functioning (GAF) scale (0–100) that described how well a person was functioning at the time of the evaluation. It is important to note that when you see this information listed in a Veteran’s record, the GAF score can change dramatically as the Veteran engages in the recovery process.

Example of Former DSM-IV-R Axial System

Axis I: 309.81 Posttraumatic Stress Disorder, Chronic
303.90 Alcohol Dependence

Axis II: 301.82 Avoidant Personality Disorder

Axis III: Diabetes; hypertension; chronic back pain

Axis IV: Unemployment; homelessness; poor support system

Axis V: GAF (current): 34

Example of Current DSM-5 Diagnostic Picture

309.81 Posttraumatic Stress Disorder, Chronic;

303.90 Alcohol Use Disorder, Severe;

301.82 Avoidant Personality Disorder;

Diabetes;

Hypertension;

Chronic Back Pain;

Homelessness

Examples of DSM-5 Diagnoses

In the next few slides, we will present information about the symptoms (impairment) associated with examples of the types of mental health conditions that challenge Veterans who use VHA health care services:

- Post-Traumatic Stress Disorder (PTSD)
- Bipolar Disorder
- Opioid Use Disorder

Diagnosis: Bipolar Disorder—Symptoms

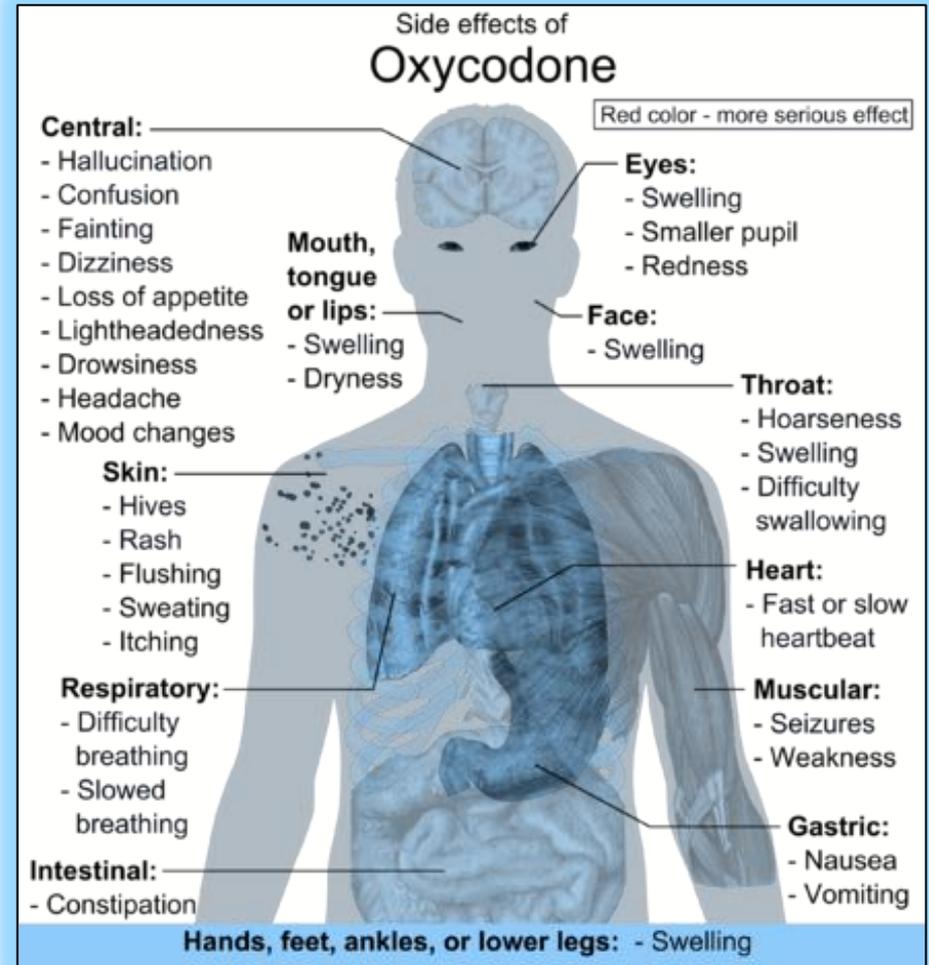
- Elevated mood with or without periods of depressed mood
- If the person has both elevated and depressed mood, there can sometimes be periods of regular/normal mood between the ups and downs.
- Periods of elevation sometimes referred to as “mania”
- Mood ups and downs can affect a person’s thinking and behaviors (examples: spending money quickly; not sleeping; etc).
Usually the more often the person’s mood cycles up and down, the more challenges the person has with his/her thinking and behaviors.



Diagnosis: Opioid Use Disorder--Symptoms

4 Areas of Impact:

1. Impaired control
2. Social impairment
3. Risky use of the substance
4. Pharmacological criteria
 - Tolerance
 - Withdrawal



Diagnosis: Opioid Use Disorder

- Severity ranges from mild to severe based on the number of symptoms:
 - Mild: 2-3 symptoms
 - Moderate: 4-5 symptoms
 - Severe: 6 or more symptoms
- Course Specifiers:
 - “in early remission”
 - “in sustained remission”
 - “on maintenance therapy”
 - “in a controlled environment”

Fundamental Components of Recovery



Recovery Model Approach to Assessment & Treatment

- The recovery model looks at symptoms (impairments) of mental illnesses or substance use issues as barriers in the way of the person achieving his/her life goals.
- This model focuses on looking at personal strengths, individual courage, self-esteem, problem-solving skills, coping mechanisms, rehabilitation, and hope.
- In the recovery model, medications, psychotherapy, and other more traditional treatments still have an important role, but symptom reduction and/or management is not the end goal. The main goals are to maximize the individual's abilities and opportunities to achieve important personal goals around work, education, relationships, meaningful roles, and overall wellness. Symptom (impairment) management occurs in service of these larger life goals.
- Psychiatric rehabilitation (PSR) services address the dysfunctions, disabilities, and disadvantages associated with mental illnesses and/or substance use conditions.

Navigating Barriers to Mental Health

- If recovery is the mission, then providing the necessary skills, resources, and supports are the tools to achieve that mission.
- While psychiatric medications can help people with symptoms from mental illnesses and/or substance use conditions, PSR services help people improve their skills in the areas of socialization and community living and remove barriers to working and/or returning to school.
- The overall goal of PSR interventions is to help an individual with a mental illness and/or substance use condition perform those physical, emotional, social, and intellectual skills needed to live, learn, and work in his/her community with the least amount of support necessary.

Addressing Dysfunction

Here are some common skills taught in a psychiatric rehabilitation (PSR) services setting to address dysfunction related to a mental illness and/or substance use condition.

- Social skills
- Problem-solving
- Daily living skills such as shopping, budgeting, cooking, paying bills, and using public transportation
- Vocational skills such as resume writing, preparing for job interviews, getting along with one's supervisor and co-workers
- Managing illness symptoms (impairment)
- Advocating for oneself and others
 - Educational skills and supports such as: pre-educational classes to prepare oneself to be a student; support with learning class materials, test taking, and completing homework; working with educational staff; obtaining resources for education such as education loans and educational accommodations.

Examples of PSR Services to Address Disability & Disadvantage

VHA peer specialists and other PSR practitioners can work in these psychiatric rehabilitation programs or refer Veterans to them for additional services:

- Supported Housing
- Supported Employment
- Supported Education
- Family Services
- Peer Support



Supported Housing

- Integrated, community–based housing opportunities are available for individuals with mental health and/or substance use conditions. The supported housing options are self-directed, chosen by the individual, and supported by the following interventions:
 - Available staff telephone support 24/7 for assistance in crises
 - Financial resources (ex. assistance with money management/budgeting)
 - Basic needs (furnishing, supplies)
- Example of VHA housing resource for Veterans:
 - VA Supported Housing (VASH) Program

Supported Employment

- Vocational rehabilitation can be an empowering benefit to individuals with mental health and/or substance use conditions. Supported employment services includes the following:
 - Individualized job searches focused on competitive employment
 - Services focused on the person's desired vocational goal(s) and preferences
 - Concentrated focus on individual aptitudes
 - Advocacy for possible accommodations if needed for the job
 - Supports last as long as needed and desired by the individual
- In VHA health care services, vocational rehabilitation services are offered through the Compensated Work Therapy (CWT) Program:
 - Transitional Work Experience—Temporary job placements
 - Supported Employment—Competitive and (hopefully) permanent jobs

Supported Education

- In supported education services, the focus is on assisting the individual with necessary resources and supports to help the individual consider educational pursuits as part of his/her recovery goals.
- Examples of VHA supported education services can include assistance with the following:
 - GI Bill benefits
 - Developing successful study skills
 - Tutoring
 - Addressing concerns regarding the roles and responsibilities of a student and stressors around returning to a classroom setting

Family Services

- Family support and family wellness play an important part in an individual's system of natural supports.
- Examples of family services include:
 - Psychoeducation groups—Information is shared about the symptoms and treatments of mental illnesses and/or substance use conditions
 - Behavioral problem-solving—Brainstorm and work to find solutions to daily issues and crises
 - Family support groups—Families listen, share stories, and empathize with other families experiencing similar challenges
 - Crisis management
 - Marriage and family counseling
 - Parenting skills groups

Peer Support

- Peer support is exemplified when an individual recovering from a mental health and/or substance use condition uses his/her lived experience in service of another person currently living with similar health issues. Lived experience is shared, empathy is demonstrated, and hope is instilled. Through this exchange of mutuality, the process of recovery is greatly enhanced and influenced for the better.
- Peer specialists are individuals with histories of persistent health issues who are successful in maintaining their recovery and are trained to use their lived experiences to help fellow health care service users with personal recovery goals.

What do VHA peer specialists do?

DO

- Facilitate peer support groups
- Share their recovery stories to engage Veterans in their own recovery process
- Advocate for Veteran health care service users
- Act as role models of recovery
- Provide crisis support
- Keep open communication with other health care professionals
- Work as a member of a treatment program's interdisciplinary team

DON'T DO

- Provide psychotherapy
- Do other staff's jobs/fulfill other health care professionals' roles
- Collude with Veterans against other health care professionals
- Cross boundaries
- Support Veterans in their self-destructive and/or illegal behaviors
- Criticize their colleagues when meeting with Veteran health care service users

VHA Peer Specialists' Roles as PSR Practitioners

- Communicate a belief that a person can and will recover. “I believe you can have the life you want to live, and I will support you in your journey to get there. I have hope for you.”
- Listen. Really listen. Do not judge, dismiss, or advise. Just listen.
- Engage in conversations about goals, dreams, and wishes.
- Ask questions like, “What would be a satisfying life for you? How can you get there? How can I help?”
- Use stories to inspire. Encourage Veteran health care service users to tell their stories. Share success stories—your own recovery story.
- Believe in the potential of each person to recover in his or her own way.

Related VHA Peer Support Staff Competencies

Here are some of the expected knowledge and skills for peer specialists in VHA that are related to understanding mental health conditions and PSR approaches to their work.

Recovery Principles Domain

- Demonstrates understanding of wellness from a whole health perspective that includes a focus on a Veteran's health, home, purpose, and sense of community.
- Demonstrates understanding of SAMHSA's guiding principles of recovery and demonstrates the ability to use these principles in the peer specialist's work.
- Recognizes that there are multiple pathways to an individual's recovery and wellness.
- Demonstrates understanding of the stages in the recovery process and what is helpful and not helpful to individuals at each stage.
- Demonstrates understanding of the philosophy and principles of psychosocial rehabilitation.
- Demonstrates understanding of a peer specialist's roles in psychosocial rehabilitation.

Peer Support Practices Domain

- Conveys hope that change and recovery are possible.
- Develops collaborative relationships with Veterans as part of a treatment team to assist Veterans' engagement with services that are beneficial to their recovery.
- Demonstrates understanding of the role of a peer specialist at each stage in a Veteran's recovery.
- Shares stories about personal recovery experiences in relation to current struggles faced by the Veteran that the peer specialist is supporting.
- Demonstrates capability in determining when and how much of one's personal recovery story to share and with whom to make the self-disclosure in order to be helpful and not triggering for a Veteran.
- Models effective coping techniques and self-help strategies.
- Describes own personal wellness practices and assists Veterans to discover wellness practices that work for them.

Related VHA Peer Support Staff Competencies (Continued)

Cultural Competence Domain

- Tailor services and supports to meet the preferences and unique needs of Veterans and their families.

Whole Health Approach to Services Domain

- Assists Veterans to develop an understanding of the holistic approach to recovery and personal wellness which includes physical, mental, spiritual, and social wellness.
- Supports the development of healthy behavior that is based upon the Veteran's choice.
- Knows basic information and/or demonstrates the ability to access resources to learn general information about the health conditions that the Veterans have so that the peer specialist can assist the Veterans and participate in interdisciplinary treatment team discussions in meaningful ways.
- Knows about services and resources in the VA health care system that can be accessed to address a Veteran's needs and interests regarding holistic health and wellness and meaningful roles and activities.

VETERANS HEALTH ADMINISTRATION

Recovery & Personal Wellness Goals Domain

- Demonstrates understanding of the peer specialist's role in supporting clinical treatment goals.
- Assists Veterans to articulate, set, and accomplish goals related to their recovery and personal wellness that are meaningful and self-determined by the Veterans.
- Encourages Veterans to identify their strengths, needs, abilities, and preferences and use them to improve their lives in the life domain areas of home, health, community, and purpose.
- Assists Veterans to accurately identify barriers to achieving their goals and collaboratively brainstorm strategies for moving past the barriers.
- Helps Veterans to identify options and participate in all decisions related to establishing and achieving their goals.
- Assists Veterans to access the services and resources that will help them to work on and accomplish their goals.

Related VHA Peer Support Staff Competencies (Continued)

Managing Crisis and Emergency Situations Domain

- Supports Veterans by using tools (ex. Wellness Recovery Action Plan (WRAP), Illness Management and Recovery (IMR), SAMHSA's Action Planning for Prevention and Recovery, etc.) to gather information that will assist other treatment team members in completing and documenting the Veterans' advanced directives.
- Strives to create a safe environment when meeting with Veterans.
- Recognizes signs of distress and threats to safety among Veterans and their environments.
- Reports suspicions of abuse or neglect to the appropriate authority in a timely manner.
- Provides reassurance and support to Veterans in distress and works collaboratively with colleagues to connect the Veterans with clinical providers' services when needed.
- Knows suicide prevention strategies and when and how to engage clinical providers for further assistance when needed.
- Knows strategies for effectively dealing with challenging situations with Veterans who are under the influence of substances, angry, and/or in a psychotic or nonverbal state.
- Collaborates with colleagues to develop and implement a plan to ensure the peer specialist's personal safety when meeting with Veterans on station or in the community.

Related VHA Peer Support Staff Competencies (Continued)

Community Integration/Reintegration Domain

- Demonstrates the ability to use structured questionnaires or tools, selected in collaboration between the peer specialist and supervisor, to assist Veterans in discovering their strengths, needs, abilities, and preferences regarding goals related to their purpose and sense of community.
- Develops and maintains up-to-date information about available community resources and services (ex. self-help groups) that could be beneficial to Veterans.
- Assists Veteran with resource linkage to community supports and services.
- Encourages Veterans to develop new positive, personally meaningful relationships and reestablish connections in existing relationships already available to them.
- Encourages Veterans to use naturally occurring community supports (ex. self-help groups and/or other types of activities for people with shared interests).
- Supports Veterans in identifying personally meaningful roles and activities in the communities of the Veterans' choice.

VETERANS HEALTH ADMINISTRATION

Advocacy Domain

- Advocates for Veterans to promote individual choice and self-determination.
- Coaches Veterans in how to advocate for themselves and the services and resources that they want as a component of their recovery process and personal wellness.
- Assists Veterans to identify and address environmental barriers that interfere with their community integration activities.

Use of Recovery Tools Domain

- Uses recovery workbooks, self-help instruments, and other psychiatric rehabilitation practices, selected in collaboration between the peer specialist and supervisor, to support Veterans in their recovery and personal wellness goals.
- Coaches Veterans on relevant skills needed for self-management of their health condition(s).
- Coaches Veterans in how to combat negative self-talk and internalized stigma and overcome their fears to work on their goals.
- Assists Veterans in developing problem-solving skills so that they can respond effectively to challenges in their recovery and personal wellness.

Scenarios for Discussion

Please refer to the provided handout entitled, “Understanding Mental Health Conditions Vignettes.” Read each vignette and answer the related questions.



Internet Resources for Additional Information

- National Alliance on Mental Illness (<http://www.nami.org/>)
- International Association of Peer Supporters (<https://inaops.org/>)
- National Empowerment Center (<http://www.power2u.org/>)
- National Mental Health Consumer's Self-Help Clearinghouse (<http://www.mhselfhelp.org/>)
- Psychiatric Rehabilitation Association (<http://www.psychrehabassociation.org/>)
- <http://www.nimh.nih.gov/health/index.shtml>
- <http://www.mentalhealthamerica.net/mental-health-information>
- <http://www.ptsd.va.gov/>
- <http://afterdeployment.dcoe.mil/>

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Contact for the New England MIRECC Peer Education Center

Patricia Sweeney, Psy.D., CPRP

Education Director of VISN 1 New England MIRECC

Director of New England MIRECC Peer Education Center

Office Telephone: (781) 687-3015

Email: Patricia.Sweeney@va.gov