



An Overview of Serious Mental Illness

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What is Serious Mental Illness (SMI)

- Substance Abuse and Mental Health Services Administration (SAMHSA) definition

*“A diagnosable mental, behavior, or emotional disorder that causes **serious functional impairment, that substantially interferes with or limits one or more major life activities**”*

- Not diagnosis-specific
- Course of illness is episodic, with periods of remission and recurrence across the life span

Many People with SMI Face Obstacles

- Face stigma and discrimination when seeking employment, housing, and health services
- Have high rates of unemployment
- Are more likely to live below the poverty line
- Have high rates of homelessness
- Have lower levels of social support
- Receive poorer quality of medical care
- Have high rates of traumatic experiences
- Have higher rates of obesity, diabetes, hypertension, heart disease, respiratory disorders, gastrointestinal disorders, and other medical conditions
- Die, on average, 20 years younger than the general US population, mostly due to medical illness such as cardiovascular disease

Common SMI Diagnoses

- Schizophrenia
- Bipolar Disorder
- Major Depressive Disorder

Schizophrenia

NIMH Fact Sheet

What are the symptoms of schizophrenia?

Schizophrenia symptoms fall into three categories: positive, negative, and cognitive.

1. **“Positive” symptoms** are psychotic experiences that are not generally seen in healthy people. People with these symptoms are sometimes unable to tell what’s real from what is imagined. These symptoms can be severe, and at other times, hardly noticeable. Positive symptoms include:

- **Hallucinations:** when a person sees, hears, smells, tastes, or feels things that are not real. “Hearing voices” is common for people with schizophrenia. People who hear voices may hear them for a long time before family or friends notice a problem.
- **Delusions:** when a person believes things that are not true. For example, a person may believe

that people on the radio and television are talking directly to him or her. Sometimes people believe that they are in danger and others are trying to hurt them.

- **Thought disorders:** when a person has ways of thinking that are odd or illogical. People with thought disorders may have trouble organizing their thoughts. Sometimes a person will stop talking in the middle of a thought or make up words that have no meaning.
 - **Movement disorders:** when a person has may appear as agitated body movements. A person may repeat certain motions over and over. In the other extreme, a person may stop moving or talking for a while, which is a rare condition called *catatonia*.
2. **“Negative” symptoms** refer to social withdrawal, difficulty showing emotions, or difficulty functioning normally. People with negative symptoms may need help with everyday tasks. Negative symptoms include:
- Talking in a dull voice
 - Showing no facial expression, such as a smile or frown
 - Having trouble experiencing happiness
 - Having trouble planning and sticking with an activity, such as grocery shopping
 - Talking very little to other people, even when it is important

What are the symptoms of bipolar disorder?

Bipolar “mood episodes” include unusual mood changes along with unusual sleep habits, activity levels, thoughts, or behavior. People may have manic episodes, depressive episodes, or “mixed” episodes. A mixed episode has both manic and depressive symptoms. These mood episodes cause symptoms that last a week or two or sometimes longer. During an episode, the symptoms last every day for most of the day.

Mood episodes are intense. The feelings are strong and happen along with extreme changes in behavior and energy levels.

People having a manic episode may:

- ▶ Feel very “up” or “high”
- ▶ Feel “jumpy” or “wired”
- ▶ Have trouble sleeping
- ▶ Become more active than usual
- ▶ Talk really fast about a lot of different things
- ▶ Be agitated, irritable, or “touchy”
- ▶ Feel like their thoughts are going very fast
- ▶ Think they can do a lot of things at once
- ▶ Do risky things, like spend a lot of money or have reckless sex

People having a depressive episode may:

- ▶ Feel very “down” or sad
- ▶ Sleep too much or too little
- ▶ Feel like they can’t enjoy anything
- ▶ Feel worried and empty
- ▶ Have trouble concentrating
- ▶ Forget things a lot

- ▶ Eat too much or too little
- ▶ Feel tired or “slowed down”
- ▶ Have trouble sleeping
- ▶ Think about death or suicide

Bipolar Disorder NIMH Fact Sheet

Major Depressive Disorder, NIMH Fact Sheet

What are the signs and symptoms of depression?

Sadness is only one small part of depression and some people with depression may not feel sadness at all. Different people have different symptoms. Some symptoms of depression include:

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in hobbies or activities
- Decreased energy, fatigue, or being “slowed down”
- Difficulty concentrating, remembering, or making decisions
- Difficulty sleeping, early-morning awakening, or oversleeping
- Appetite and/or weight changes
- Thoughts of death or suicide or suicide attempts
- Restlessness or irritability
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment

Take Home Messages – Part 1

- Many mental health disorders can be classified as SMI, depending on how much the disorder impacts an individual's life
- There can be a lot of variability in how much a diagnosis impacts a person's functioning, even among people with the same diagnosis
- People with SMI experience a lot of social and environmental obstacles, including stigma and discrimination
- Common SMI diagnoses include schizophrenia, bipolar disorder, and depression

SMI: An Episodic Course

- The course of SMI is usually **episodic**, with periods of recurrence and remission of symptoms across the life span
- This means that the abilities of residents with SMI in CLC settings can **fluctuate over time**
- Front line staff are critical for identifying **early warning signs of psychiatric relapse**
- Front line staff can also help **identify improvements in symptoms or functioning**, as this could lead to adapting the resident's treatment plan to **promote more autonomy**

Strategies to Promote Recovery and Prevent Relapse

- Monitor symptoms and watch for early warning signs of relapse
- Reduce stress
- Develop coping strategies to manage stress and symptoms
- Obtain support from supportive others
- Increase positive and meaningful activities and relationships
- Increase health behaviors like healthy eating and exercise
- Participate in treatment, including taking medication and attending group or individual therapy

Promoting Recovery in CLC Residents with SMI

YOU can be the treatment!

- Monitor symptoms and watch for early warning signs of relapse – e.g., sudden change in behavior
- Modify the environment to reduce stress
- Help residents develop coping strategies to manage stress and symptoms
- Provide empathy, caring, understanding, and support
- Help residents increase positive and meaningful activities and relationships
- Help residents participate in treatment, including taking medication and attending group or individual therapy

A Note About Psychiatric Medications

Psychiatric medication is complicated!

- Taking regular psychiatric medication is one important strategy to promote recovery
- Suddenly stopping psychiatric medication is dangerous, and can trigger a psychiatric relapse
- Medications can have significant negative side effects
- Psychiatric medications that work for a long time may stop working or need to be changed
- Residents who bring up concerns about their medications should be taken seriously!
- **Medication concerns should be referred to a mental health provider and/or medication prescriber**

Take Home Messages – Part 2

- The course of SMI tends to be episodic.
- Front line staff play a critical role for monitoring behavior changes among residents with SMI.
- **Bring these concerns to the attention of the treatment team and/or a mental health provider!**
 - clinical deterioration
 - clinical improvements
 - medication concerns
- There are many ways that front-line CLC staff can promote recovery among residents with SMI

Take Home Messages – Part 2

YOU can be the treatment!

- Reduce stress in the environment!
- Promote independence and choice!
- Improve quality of life!
- YOU can be the treatment, every time you interact with a resident.