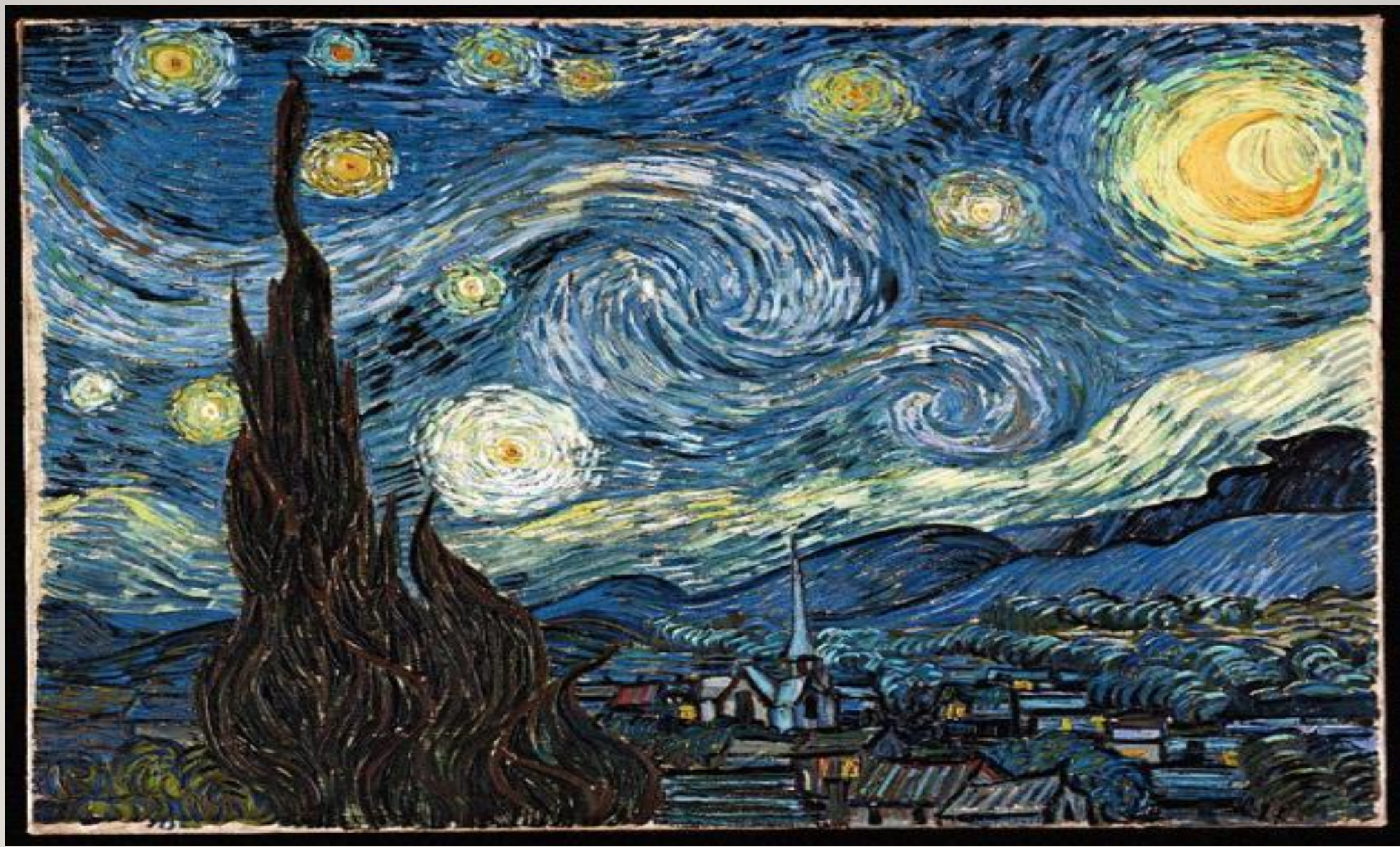


MENTAL ILLNESS CPD

CLAIRE BRIGG 23RD OCTOBER 2016



MENTAL ILLNESS

noun

a condition which causes serious disorder in a person's behaviour or thinking

- 1 in 4 adults
- 1 in 10 children aged 5-16
- 1 in 5 mothers
- Suicide
- In the UK, mental illness is a major source of disease burden costing in the region of £105 billion pounds

DAY OVERVIEW

- Types of mental illness & treatments
- Early intervention
- Dr Omur Miles
- Dr Ben Wright
- Discussion
- To take away?

TYPES OF MENTAL HEALTH PROBLEMS

- Anger
- Anxiety & panic attacks
- Depression
- OCD
- Phobias
- Post natal depression
- PTSD

SAD

Stress

Sleep problems

Self esteem

Eating problems

Self harm

Suicidal feelings

TYPES OF MENTAL HEALTH PROBLEMS

- Body dysmorphic disorder

- Bipolar disorder

- Personality disorders

- Dissociative disorder

- Hearing voices

- Drugs

- Hypomania and mania

Paranoia

Psychotic experiences

Schizoaffective disorder

Schizophrenia

IN MORE DETAIL

Bipolar disorder

Bipolar disorder is a mental health problem that mainly affects your mood. If you have bipolar disorder, you are likely to have times where you experience:

- manic or hypomanic episodes (feeling high)
- depressive episodes (feeling low)
- potentially some psychotic symptoms during manic or depressed episodes

Diagnosis	What it means
Bipolar I	<p>You may be told you have bipolar I if you have experienced:</p> <ul style="list-style-type: none">•at least one episode of mania which has lasted longer than a week <p>You might also have experienced depressive episodes, although not everyone does.</p>
Bipolar II	<p>You may be told you have bipolar II if you have experienced both:</p> <ul style="list-style-type: none">•at least one episode of severe depression•symptoms of hypomania
Cyclothymia	<p>You may be told you have cyclothymia if:</p> <ul style="list-style-type: none">•you have experienced both hypomanic and depressive mood states over the course of two years or more•your symptoms aren't severe enough to meet the criteria for a diagnosis of bipolar I or bipolar II <p>This can be a difficult diagnosis to receive, because you may feel that you are being told your symptoms are 'not serious enough'. But in fact cyclothymia can have a serious impact on your life.</p>

CAUSES

- No one knows exactly what causes bipolar disorder
- Lots of recent research has focused on looking for causes in genetics or the biology of the brain, but many researchers also believe social factors may play a part, such as difficult life events or experiencing trauma as a child.

TREATMENT

During depressive episode

- CBT
- Anti-depressants

During manic episode

- Medication

PERSONALITY DISORDERS

- The word 'personality' refers to the pattern of thoughts, feelings and behaviour that makes each of us the individuals that we are. These affect the way we think, feel and behave towards ourselves and others.
- We don't always think, feel and behave in exactly the same way – it depends on the situation we are in, the people with us and many other things. But we mostly tend to behave in fairly predictable ways.

TYPES OF PERSONALITY DISORDER

Suspicious

paranoid

schizoid

schizotypal

antisocial

Emotional and impulsive

borderline

histrionic

narcissistic

Anxious

avoidant

dependent

obsessive compulsive

Paranoid personality disorder

You may:

- find it hard to confide in people, even your friends
- find it very difficult to trust other people, believing they will use you or take advantage of you
- watch others closely, looking for signs of betrayal or hostility
- read threats and danger – which others don't see – into everyday situations

Schizoid personality disorder

You may:

- be uninterested in forming close relationships with other people, including your family
- feel that relationships interfere with your freedom and tend to cause problems
- prefer to be alone with your own thoughts
- get little pleasure from life
- have little interest in sex or intimacy
- be emotionally cold towards others

Schizotypal personality disorder

You may:

- find making close relationships extremely difficult
- think and express yourself in ways that others find 'odd', using unusual words or phrases
- behave in ways that others find eccentric
- believe that you can read minds or that you have special powers such as a 'sixth sense'
- feel very anxious and paranoid in social situations

Antisocial personality disorder (ASPD)

You may:

- put yourself in dangerous or risky situations, often without considering the consequences for yourself or for other people
- behave dangerously and sometimes illegally
- feel very easily bored and act on impulse – you may find it difficult to hold down a job for long
- behave aggressively and get into fights easily
- have a criminal record
- feel no sense of guilt if you have mistreated others
- believe that only the strongest survive and that you must do whatever it takes to lead a successful life because if you don't grab opportunities, others will.

You will be at least 18 years old.

Borderline personality disorder (BPD)

You may:

- feel very worried about people abandoning you, and would do anything to stop that happening
- have very intense emotions that last from a few hours to a few days and can change quickly
- not have a strong sense of who you are, and it can change depending on who you're with
- find it very hard to make and keep stable relationships
- act impulsively and do things that could harm you (such as binge eating, using drugs or driving dangerously)
- have suicidal thoughts or self-harming behaviour
- get very angry, and struggle to control your anger

When very stressed, sometimes you might:

- feel paranoid
- have psychotic experiences, such as seeing or hearing things that other people don't
- feel numb or 'checked out' and not remember things properly after they've happened

CAUSES

- What causes personality disorder?
- There's no clear reason why some people develop a personality disorder and others don't. Most researchers think that a complex mix of factors is involved, such as:
- the environment we grow up in (e.g. unstable or chaotic environment, little or no support from caregiver)
- early childhood and teenage experiences (e.g. neglect, loss of a parent or sudden bereavement)
- genetic factors - Some experts believe inheritance may play a part in the development of personality disorder.

TREATMENT

Research is ongoing into what treatments help people with personality disorder. More research is needed but some talking treatments have been found to help.

- Art therapy
- CBT
- Cognitive analytic therapy CAT
- Dialectical behaviour therapy DBT
- Mentalisation based therapy MBT
- Schema therapy
- Therapeutic communities TC

TREATMENT

Medication

There are no drugs specifically licensed for the treatment of personality disorder. GP's may prescribe medication to help manage problems such as depression, anxiety or psychosis.

These medications could include:

- antidepressants
- antipsychotics
- mood stabilisers

DISSOCIATIVE DISORDERS

- Dissociation is one way the mind copes with too much stress, such as during a traumatic event. The word dissociation can be used in different ways but it usually describes an experience where you feel disconnected in some way from the world around you or from yourself.
- If you dissociate for a long time, especially when you are young, you may develop a dissociative disorder. Instead of dissociation being something you experience for a short time it becomes a far more common experience and often the main way you deal with stressful experiences.

Some dissociative experiences include:	A doctor or psychiatrist might call these experiences:
<ul style="list-style-type: none"> •having gaps in your life where you can't remember anything that happened 	dissociative amnesia
<ul style="list-style-type: none"> •travelling to a different location and taking on a new identity for a short time (without remembering your identity) 	dissociative fugue
<ul style="list-style-type: none"> •feeling as though the world around you is unreal •feeling as if other people are robots (even though you know they are not) 	derealisation
<ul style="list-style-type: none"> •feeling as though you are watching yourself in a film or looking at yourself from the outside •feeling as if you are just observing your emotions 	depersonalisation
<ul style="list-style-type: none"> •your identity shifting and changing •speaking in a different voice or voices •using a different name or names •switching between different parts of your personality 	identity alteration
<ul style="list-style-type: none"> •find it very difficult to define what kind of person you are •feeling as though there are different people inside you 	identity confusion



CAUSES

- Trauma/abuse

When does trauma become dissociation?

Freeze/flop

Our instinctive reactions to threat are the basis of dissociative experiences

TREATMENT

- Talking treatments are the recommended treatment for dissociative disorders - Counselling or psychotherapy will help you explore traumatic events in your past, help you understand why you dissociate and develop alternative coping mechanisms. Medication

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PSYCHOTIC EPISODES

When you perceive or interpret reality in a very different way from people around you. You might be said to 'lose touch' with reality.

- The most common types of psychosis are
- hallucinations
- delusions

You might also experience

- disorganised thinking and speech

CAUSES

Psychosis can be a symptom of lots of different mental health problems:

- severe depression
- schizophrenia
- bipolar disorder
- schizoaffective disorder
- paranoid personality disorder or schizotypal personality disorder
- post partum psychosis
- delusional or paranoid disorder

CAUSES

But some might also experience psychosis on its own. Some ideas about things that make psychosis more likely include:

- Illness or injury (eg head injury, fever, Alzheimers, Parkinsons)
- Drugs
- Lack of sleep/food
- Bereavement
- Abuse/trauma
- Spiritual experiences
- Family inheritance

TREATMENT

Medication

- Anti-psychotics/ anti-depressants/ mood stabilisers

Talking therapy

- CBT_p
- Family therapy
- Art therapy

SCHIZOAFFECTIVE DISORDER

A person may be given a diagnosis of schizoaffective disorder if they experience:

- psychotic symptoms, similar to schizophrenia, and
- mood symptoms of bipolar disorder, and
- you have both types of symptoms at the same time or within two weeks of each other

The word schizoaffective has two parts:

- ‘schizo—’ refers to psychotic symptoms
- ‘—affective’ refers to mood symptoms



SYMPTOMS

Psychotic symptoms:

- Delusions
- Hallucinations

Mood symptoms

The mood symptoms are very like bipolar disorder (manic depression). They may be:

- 'manic type'
- 'depressive type'
- 'mixed type'

CAUSES

- Stressful life event / trauma
- Genetic influence
- Unknown

TREATMENT

- CBT
- MCBT
- Medication: Anti-psychotic, mood stabiliser, anti-depressant

SCHIZOPHRENIA

Schizophrenia is a diagnosis given if a person experiences some of the following symptoms:

- a lack of interest in things
- feeling disconnected from your feelings
- difficulty concentrating
- wanting to avoid people
- hallucinations
- hearing voices
- delusions
- feeling like you need to be protected.

CAUSES

- Dopamine
- Stressful life events
- Drug abuse
- Inheritance
- Brain injury/illness

TREATMENT

- CBT
- Family therapy
- Art therapy
- Medication: Anti-psychotics

TREATMENTS

- Talking therapies
 - - CBT - CAT
 - - MBCT
 - - CBTp - psychosis
 - - MBT - BPD
 - - DBT – acceptance and change (Self harm & suicidal ideation)
 - - TC – Personality disorders
 - - Schema based therapy – Personality disorders
 - - Family intervention therapy- systemic therapy

PSYCHIATRIC MEDICATION

Type of psychiatric medication	What it's prescribed for
Antidepressants	<ul style="list-style-type: none">•depression•some forms of anxiety•some eating disorders
Antipsychotics	<ul style="list-style-type: none">•psychosis•schizophrenia•schizoaffective disorder•hypomania and mania•bipolar disorder•sometimes severe anxiety
Mood stabilisers	<ul style="list-style-type: none">•bipolar disorder•hypomania and mania•sometimes recurrent severe depression
Sleeping pills and minor tranquillisers	<ul style="list-style-type: none">•severe insomnia (inability to sleep)•severe anxiety

ANTI-DEPRESSANTS

- SSRI's
- SNRI's
- Tricyclics
- MAOIs
- Others

ANTI-PSYCHOTICS

- Neuroleptics / major tranquillisers
- Informed consent
- Blocking dopamine
- Other chemicals
- Parkinsonism
- First generation – positive symptoms (Haloperidol, Chlorpromazine)
- Second generation – negative symptoms (Olanzapine, Risperidone, Quetiapine, Clozapine)

MOOD STABILISERS

- bipolar disorder
- mania and hypomania
- sometimes recurrent severe depression
- lithium (Camcolit, Liskonum, Priadel, Lithonate, Litarex, Li-liquid)
- carbamazepine (Tegretol)
- lamotrigine (Lamictal)
- valproate (Depakote, Epilim)
- asenapine (Sycrest)

SLEEPING PILLS & MINOR TRANQUILISERS

Sleeping pills and minor tranquillisers are prescribed for severe anxiety and sleeping problems. They include:

- Benzodiazepines for both anxiety and sleeping problems (Diazepam – Valium)
- drugs for anxiety only
- drugs for sleeping problems only

OTHER TREATMENT

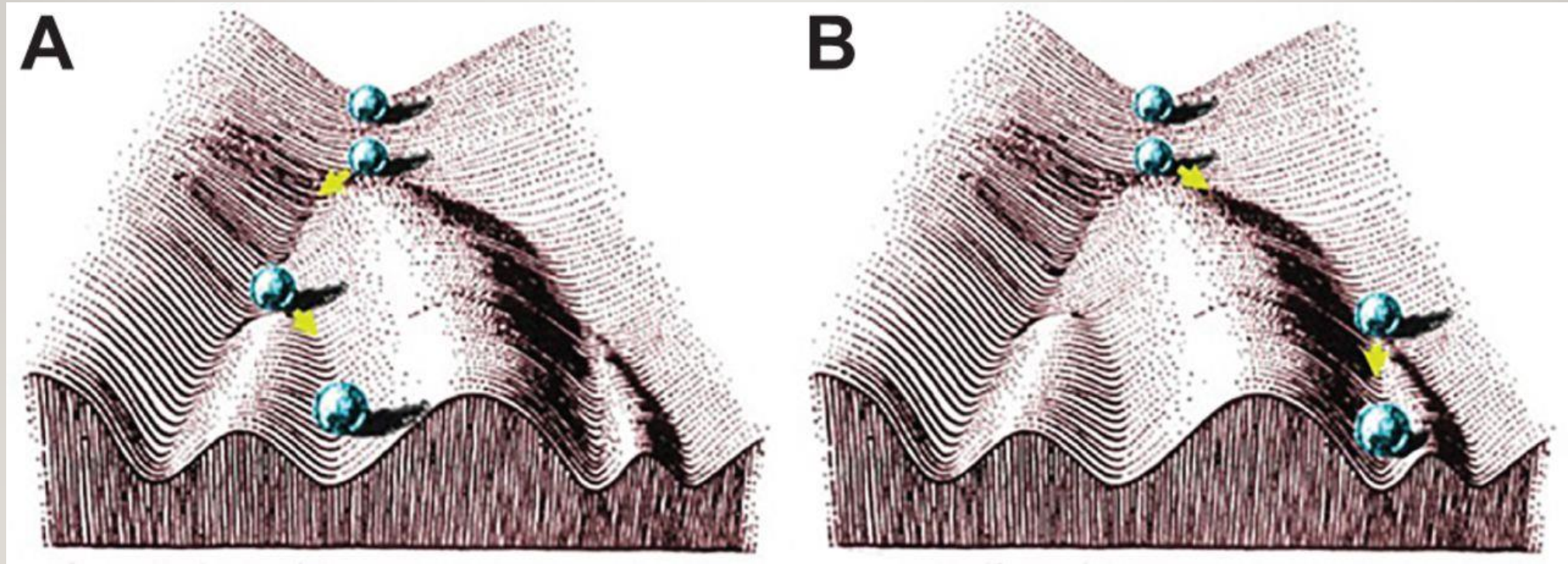
- Art therapy
- ECT
- Neurosurgery, deep brain stimulation, vagus nerve stimulation

A stitch in time saves nine

- NICE guidelines
- EIP

EARLIER INTERVENTION?

Waddington's Epigenetic Landscape



EARLY EXPERIENCE

- Stress
- Childhood adversity
- Interventions

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