

THE WALKING WOUNDED



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Serious mental illness (SMI) is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI.

Source: National Institute of Mental Health

How often does it occur?

- The National Institute of Mental Health, (NIMH), noted in 2014 Survey, (National Survey on Drug use and Health), that 9.8 Million American Adults 18 and over have Serious Mental Illness.
- About 1/3 of the homeless are seriously mentally ill, approximately 200,000 as reported on MENTAL ILLNESS POLICY.ORG website
- In 2013 a HUD survey noted 26% of American Homeless or about 165,000 were seriously mentally ill and over 200,000 had any mental illness

What are major types of Serious Mental Illness?

Serious Mental Illness includes **Mood Disorders** and **Psychotic Disorders**. We will also discuss **Personality Disorders** and **Substance Use Disorders**.

Mood Disorders

If you have a mood disorder, your general emotional state or mood is distorted or inconsistent with your circumstances and interferes with your ability to function. You may be extremely sad, empty or irritable (depressed), or you may have periods of depression alternating with being excessively happy (mania).

Anxiety disorders can also affect your mood and often occur along with depression. Mood disorders may increase your risk of suicide.

Some examples of mood disorders include:

1. Major depressive disorder — prolonged and persistent periods of extreme sadness
2. Bipolar disorder — also called manic depression or bipolar affective disorder, depression that includes alternating times of depression and mania
3. Seasonal affective disorder (SAD) — a form of depression most often associated with fewer hours of daylight in the far northern and southern latitudes from late fall to early spring
4. Cyclothymic disorder — a disorder that causes emotional ups and downs that are less extreme than bipolar disorder
5. Premenstrual dysphoric disorder — mood changes and irritability that occur during the premenstrual phase of a woman's cycle and go away with the onset of menses
6. Persistent depressive disorder (dysthymia) — a long-term (chronic) form of depression
7. Disruptive mood dysregulation disorder — a disorder of chronic, severe and persistent irritability in children that often includes frequent temper outbursts that are inconsistent with the child's developmental age
8. Depression related to medical illness — a persistent depressed mood and a significant loss of pleasure in most or all activities that's directly related to the physical effects of another medical condition
9. Depression induced by substance use or medication — depression symptoms that develop during or soon after substance use or withdrawal or after exposure to a medication

Source: Mayo Clinic Patient Care and Health Info

What do Mood disorders look like in the homeless population?

Psychotic Disorder

The word psychosis is used to describe conditions that affect the mind, where there has been some loss of contact with reality. When someone becomes ill in this way it is called a psychotic episode. During a period of psychosis, a person's thoughts and perceptions are disturbed and the individual may have difficulty understanding what is real and what is not. Symptoms of psychosis include delusions (false beliefs) and hallucinations (seeing or hearing things that others do not see or hear). Other symptoms include incoherent or non-sense speech, and behavior that is inappropriate for the situation. A person in a psychotic episode may also experience depression, anxiety, sleep problems, social withdrawal, lack of motivation, and difficulty functioning overall.

Source: NIH (National Institute of Mental Health); What is Psychosis?

What do Psychotic Disorders Look like in the homeless population?

Personality Disorders Defined

A personality disorder is a type of mental disorder in which you have a rigid and unhealthy pattern of thinking, functioning and behaving. A person with a personality disorder has trouble perceiving and relating to situations and people. This causes significant problems and limitations in relationships, social activities, work and school.

In some cases, you may not realize that you have a personality disorder because your way of thinking and behaving seems natural to you. And you may blame others for the challenges you face.

Personality disorders usually begin in the teenage years or early adulthood. There are many types of personality disorders. Some types may become less obvious throughout middle age.

Source: Mayo Clinic; Patient Care and Health Information

What do Personality Disorders Look like in the homeless population?

Substance Use Disorders Defined

A substance use disorder, also known as a drug use disorder, is a medical condition in which the use of one or more substances leads to a clinically significant impairment or distress. Substance use disorders are characterized by an array of mental, physical, and behavioral symptoms that may cause problems related to loss of control, strain to one's interpersonal life, hazardous use, tolerance, and withdrawal. Drug classes that are involved in SUD include alcohol, phencyclidine, inhalants, stimulants, cannabis, "other hallucinogens", opioids, tobacco, and sedatives, hypnotics, and anxiolytics.

Source: Wikipedia

What does a substance use disorder look like in the homeless population?

Examples of people presenting with multiple problems, (Co-occurring disorders)

Some Common Misconceptions about people with Serious Mood Disorders and Psychotic Disorders

1. Most individuals with serious mental illnesses are not dangerous.
2. Most acts of violence are committed by individuals who are not mentally ill.
3. Being a young male or being a substance abuser (alcohol or drugs) is a greater risk factor for violent behavior than being mentally ill.
4. Individuals with serious mental illnesses are victimized by violent acts more often than they commit violent acts.
5. If people with serious mental illnesses are being appropriately treated, there is no evidence that they are any more dangerous than individuals in the general population.
6. All of the above statements are true, but it is also true that a small number of individuals with serious mental illnesses commit acts of violence. Almost all these acts of violence are committed by individuals who are not being treated, and many such individuals are also abusing alcohol or drugs.

Treatment Advocacy Center.org

Tips for a maintaining a positive living environment and easing pain and suffering

1. Structure, structure, and more structure
2. Develop an consistent orientation process
3. Be aware of house rules
4. Maintain positive recovery rituals
5. Build in time for prayer and meditation
6. Turn down the volume in the evening
7. Tell residents you care about them
8. Know how to be a solid object
9. Be a positive role model and shine your light on others
10. Establish a time out location where someone can rest or calm down
11. Always communicate important information about residents
12. Know when and who to call for help

Tips for communicating with the Seriously Mentally Ill

E. Fuller Torrey in his book "Surviving Schizophrenia, a Manual for Families, Consumers and Survivors" outlined some great tips for communicating with people experiencing Mental Illness

1. Communicate in a brief, concise, practical, and unambiguous manner
2. Reduce stimulation during communication and ask one question at a time
3. Ask one question at a time
4. Make statements of disagreements don't argue
5. May be best not to argue with consumers interpretation of the delusion or hallucination
6. Avoid sarcasm and humor
7. Encourage them to express only in private
8. Respect the individuals decision not to talk
9. Allow individuals with schizophrenia to withdraw, avoid being too intrusive but don't tolerate dangerous conduct
10. Avoid the "Delusional Trap"
11. If you are living with Schizophrenic provide solitude and structure