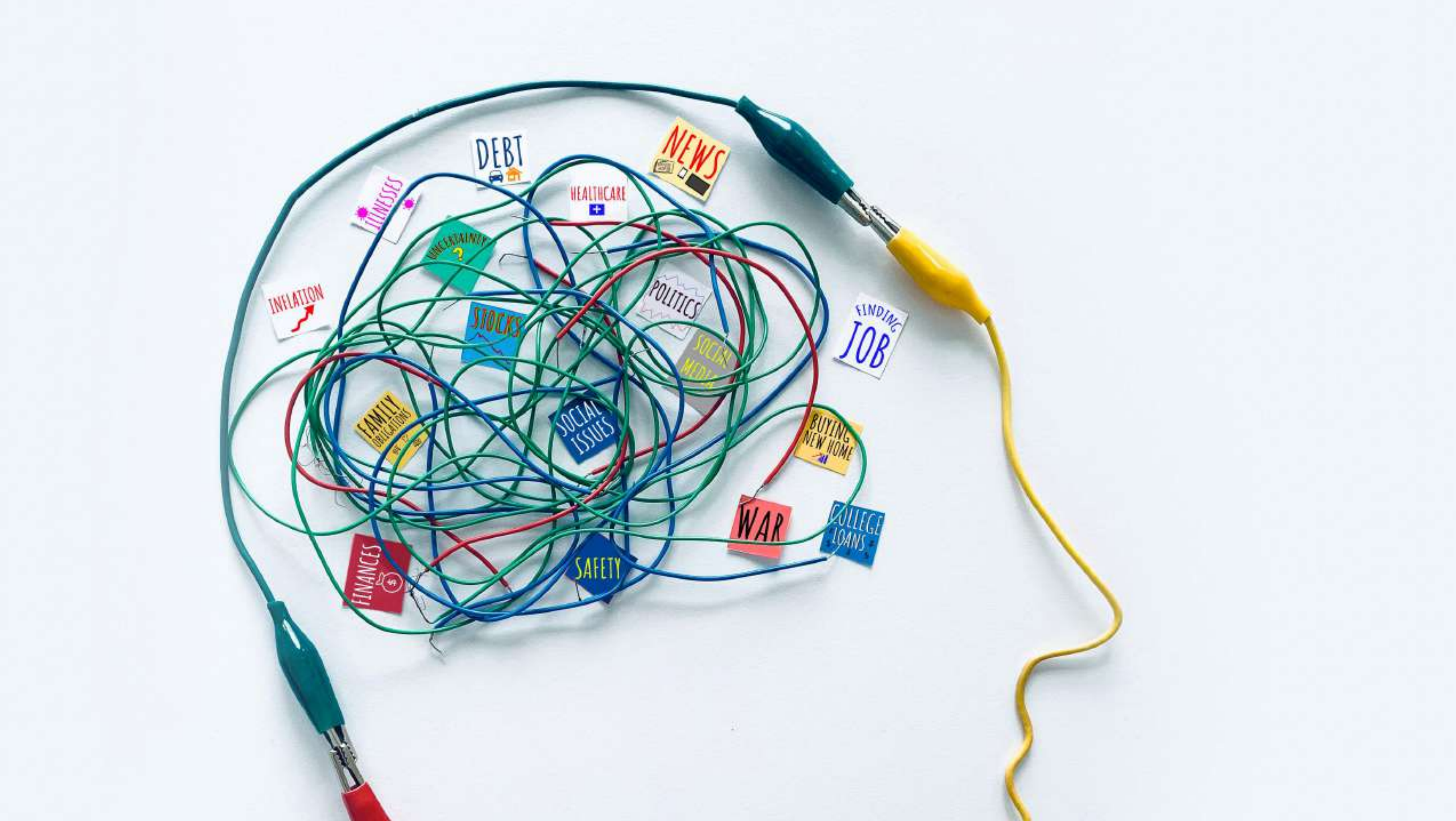
Mindful
Continuing Education

Understanding Serious Mental Illness



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Introduction

Serious mental illness (SMI) is characterized by a disorder that affects a person's thinking, mood, and/or behavior and that interferes with an individual's life and ability to function (SAMHSA, 2023). SMIs such as schizophrenia, bipolar disorder, or major depression impact roughly 5% of the United States population and are very costly on several levels. Behavioral health professionals must be prepared to understand the complex needs of those experiencing severe mental illness and have strategies in place to help these vulnerable individuals.

Serious Mental Illness Data and Prevalence

Serious mental illness (SMI) is a mental, behavioral, or emotional disorder resulting in severe functional impairment that significantly limits or interferes with one or more life activities (NIHM, 2023).

According to the 2021 National Survey on Drug Use and Health among adults in the United States with serious mental illness:

- There are approximately 14.1 million adults in the United States with a serious mental illness. This represents 5.5% of the population.
- The rate of SMI is higher among females (7.0%) than males (4.0%).
- Adults aged 18-25 years have the highest prevalence of SMI (11.4%) followed by adults aged 26-49 years (7.1%) and finally those aged 50 and older (2.5%).
- The prevalence of SMI by racial identity
    - American Indian or Alaska Native - 9.3%
    - Adults reporting two or more races - 8.2%

  - Native Hawaiian and other Pacific islanders - 6.3%
  - White - 6.1%
  - Hispanic or Latino - 5.3%
  - Black or African American - 4.3%
  - Asian adults (2.8%)
- Among the 14.1 million U.S. adults with SMI, 9.1 million (65.4%) receive mental health treatment. Mental health treatment is defined as inpatient or outpatient treatment or counseling or having used prescription medication for mental health or emotional problems.
- Females with SMI receive mental health treatment more frequently (67.6%) than males with SMI (61.3%).
- Older adults, age 50 and older, have a higher rate of receiving mental health treatment (71.0%) compared to adults with SMI aged 26-49 years (67.0%) and even lower for young adults with SMI aged 18-26 years (57.9%) (SAMHSA, 2022).

Early Warning Signs and Symptoms

A Serious Mental Illness (SMI) is a mental health condition that interferes with a person's life and ability to function. There is a common misperception that having an SMI is a choice, a weakness, or a character flaw. It is not any of those. Neither is it something that will just "pass," or the person will "grow out of," or they can be "snapped out of" if they just had more willpower (SAMHSA, 2023).

Each mental health condition has specific symptoms; however, there are common signs of mental illness can include:

- Excessive worrying or fear
- Feeling excessively sad or low
- Eating too much or too little
- Sleeping too much or too little
- Pulling away from people and usual activities
- Having low or no energy
- Feeling numb or like nothing matters
- Multiple physical ailments with no obvious causes (such as headaches, stomach aches, vague but chronic "aches and pains")
- Feeling helpless or hopeless
- Overuse of substances - smoking, drinking, or using drugs
- Confused thinking or problems concentrating and learning
- Strong feelings of irritability or anger that can last for a prolonged period
- Avoiding friends and social activities
- Difficulties understanding or relating to other people
- Yelling or fighting with family and friends
- Experiencing extreme mood swings, including uncontrollable highs or feelings of euphoria
- Changes in sex drive
- Having persistent thoughts and memories you can't get out of your head.

- Difficulty perceiving reality - hearing voices or believing things that are not true
- Unawareness of changes in one's own feelings, behavior, or personality
- Thinking of harming yourself or others
- Thinking about suicide
- Inability to perform daily tasks or activities (SAMHSA, 2023; NAMI, 2023).

Criteria for SMI Diagnosis

Defining SMI can vary depending on its purpose, such as legal, clinical, or epidemiological. Depending on what state one resides in may also determine if one's diagnosis is considered an SMI. Overarching, an adult MUST meet the following four criteria:

Age: 18 years of age or older

Diagnoses: In the last twelve months, have received a mental health diagnosis, as defined by the DSM-V, and made by a credentialed and licensed professional.

Functional Impairment: The disturbance is excessive and causes clinically significant distress or impairment in

- Self-care: Difficulties in self-care, including personal hygiene, diet, clothing, avoiding injuries, securing healthcare, or complying with medical treatments.
- Daily living: Difficulties in activities of daily living, including maintaining a home, using transportation, getting and maintaining employment, attending school, daily money management, and accessing community services.

- Interpersonal: Difficulties in social functioning, including establishing and maintaining social relationships, complying with social norms and rules, use of leisure time, and interpersonal interactions with significant others, children or other family members, friends, and neighbors.
- Cognitive: Difficulties with concentration, thought process, logical thinking, memory, and completing tasks on time or without assistance.

Duration: The person must meet the above four criteria AND either severity or co-occurring disorder.

Severity or Additional Risk Factors

- Significant current danger to self or others
- Three or more emergency room visits or at least one psychiatric hospitalization within the last twelve months.
- A substance use disorder that exacerbates SMI and results in worsened intoxication or withdrawal complications, medical conditions, or emotional, behavioral, or cognitive conditions.
- Experiencing trauma symptoms related to sexual assault, domestic violence, or other traumatic event.

Co-occurring Disorders

- Substance Use Disorder diagnosis and any mental illness that affects functioning.
- Serious Mental Illness or Substance Use Disorder and potentially life-threatening chronic medical condition (ex. Diabetes, HIV/AIDS, hepatitis).

- Serious Mental Illness or Substance Use Disorder and Developmental Disability.

(Behavioral Health Collaborative, 2016 & OMH, 2023 & Dept. of Health, NYS, 2023)

SMI Diagnosis

A serious mental illness is defined as having a diagnosable disorder currently or within the past year as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM) AND that it has caused severe impairment to the person's capability to function in their daily life.

Given this definition, many mental health disorders could cause serious life impairment depending on the person and circumstances. However, a few mental health diagnoses are repeatedly seen in those struggling to function in one or more life activity areas. These impairments often lead to an inability to maintain gainful employment, poor social support, repeated psychiatric hospitalizations, homelessness, incarceration, and co-occurring substance use disorders.

The most frequently diagnosed serious mental health illnesses are discussed below.

Schizophrenia

Schizophrenia is a serious mental disorder in which individuals interpret reality abnormally. It causes disruptions to the person's thought process, perception, emotional responsiveness, and social interactions. Individuals are typically unable to discern what sights, sounds, or experiences are real or imagined. The course of schizophrenia varies by person; it is usually persistent and can be severe and disabling.

Numerous Americans suffer from schizophrenia, which typically begins between the ages of 16-30 after the first episode of psychosis. However, studies indicate that gradual changes in one's thought processes, emotions, and social interactions frequently appear prior to the first episode of psychosis. Men tend to exhibit symptoms in their late teens and early 20s, whereas women tend to show signs in their mid-20s to early 30s. Beginning treatment as quickly as possible after the first episode of psychosis is important for treatment success and recovery. (NIMH, 2023).

Schizophrenia usually involves false beliefs (delusions), seeing or hearing things that don't exist (hallucinations), unusual physical behavior (excessive movement, odd posture), and disorganized speech and thoughts. It is common for people with schizophrenia to hear voices or have paranoid thoughts. They may believe someone is controlling their mind or going to cause them harm. These psychotic episodes are often frightening, confusing, and isolating.

Signs & Symptoms

Schizophrenia symptoms can differ from one person to another, and symptoms can change over time. Some individuals may have a single psychotic episode, while others experience multiple episodes throughout their lifetime. It is common for people to not seek treatment during the initial stages of the disorder due to various reasons such as denial, shame, or lack of awareness of the symptoms. In severe cases, hospitalization may be necessary to ensure the person's safety, proper nutrition, adequate sleep, and other essential factors.

Individuals with schizophrenia may experience the following:

- Delusions such as false beliefs are maintained even when presented with facts.

- Hallucinations such as seeing things that do not exist or hearing voice commands.
- Believing that their mind is being controlled or read by other people.
- Disorganized speech and thinking, such as speaking in sentences that do not make sense or moving from one thought to the next with no logical connection.
- Difficulty expressing emotion and problems with attention, memory, and organization.
- Abnormal physical behavior such as inappropriate, excessive, repetitive, or bizarre actions or the opposite with total lack of speech or movement.
- A reduced ability to function, such as lack of personal hygiene or not showing emotions (SAMHSA, 2023 & NIMH, 2023).

Beyond the typical symptoms of schizophrenia listed above, the person may also struggle with a lack of motivation to complete goals, difficulties in their relationships with others, impairment of motor skills, and cognitive deficiencies. While symptoms usually start in late adolescence to early adulthood, schizophrenia is sometimes viewed from a developmental standpoint. Impairments in cognitive functioning and odd behaviors occasionally present in childhood, while the presence of multiple, persistent symptoms is typical of the disorder in its later stages. This developmental pattern may represent disruptions in brain development, environmental factors, or life stressors experienced prenatally or early on in life. This perspective of schizophrenia leads to hope that early treatment interventions will improve the course of schizophrenia, which is often severely disabling when left untreated. (NIMH, 2023)

Schizophrenia symptoms can differ from one person to another but generally fall into three main categories: psychotic, negative, and cognitive (NIMH, 2023).

Psychotic symptoms include changes in how a person thinks, acts, and experiences the world. People experiencing psychotic symptoms may lose their sense of reality and see the world in a distorted way. For some individuals, psychotic symptoms come and go, while others experience stable psychotic symptoms. Psychotic symptoms include:

- **Hallucinations:** An individual sees, hears, reels, smells, or tastes things that are not actually there. One example of a hallucination is hearing voices, which is a frequent symptom experienced by those with schizophrenia. Often, individuals hear voices for a long time before friends or family members realize it.
- **Delusions:** An individual has strong, untrue, and irrational beliefs. One example of a delusion is when individuals believe they are receiving special messages from the television or radio and they must respond. Individuals experiencing psychotic symptoms may also believe that others are trying to hurt them and they are in danger.
- **Thought disorder:** An individual's thoughts are illogical or unusual. People with thought disorders may have difficulties organizing their speech and cognitions. For example, the person will jump from one topic to the next with no logical connection, stop talking completely in the middle of a sentence, or even make up words.
- **Movement disorder:** Individuals have unusual movements with their bodies such as repeated or slow movements and rigidity.

Negative symptoms include loss of motivation, lack of enjoyment or interest in daily activities, withdrawal from social activities and friends, problems showing emotions, and general lack of functioning.

Negative symptoms can include:

- Difficulties planning and following through with activities and tasks
- Lack of pleasure in everyday life
- Speech is dull, and facial expressions are limited
- Avoidance of social interactions or when there are interactions, they are socially awkward
- Extreme low energy and any activities are extremely passive. In severe cases, individuals may experience catatonia, where they stop moving or talking. This is sometimes initially mistaken as a symptom of depression.

Cognitive symptoms include difficulties with concentration, attention, and memory. Cognitive symptoms can make it difficult to follow conversations, remember appointments, or learn new things. An individual's cognitive functioning level is one of the best predictors of day-to-day functioning.

Cognitive symptoms include:

- Difficulties processing information or making decisions
- Difficulties implementing information immediately after learning it
- Difficulties focusing or paying attention (NIMH, 2023).

Prevalence & Risk Factors

The prevalence of schizophrenia and psychotic disorders in the U.S. ranges between 0.25% and 0.64% (NIMH, 2023).

Research has not been able to determine factors that cause schizophrenia, but it is known that genetic makeup and brain chemistry play a role.

Genetics: Sometimes schizophrenia runs in families. However, just because one family member is diagnosed with schizophrenia, other family members will not necessarily have the disorder. Research suggests that many different genes play a role in increasing an individual’s likelihood of having schizophrenia, but there is no single gene that causes the disorder.

Environment: Studies show that the combination of genetic factors, the person’s environmental exposures, and life experiences most likely play a role in developing schizophrenia. These environmental factors may include poverty, dangerous surroundings, stressful events, and exposure to viruses or nutritional problems in utero.

Brain structure and function: Research indicates that people with schizophrenia are more likely to have differences in the size of certain brain areas and in connections between brain areas. It is hypothesized that some brain differences may develop in utero. Researchers continue to search for a better understanding of how brain structure and function may be connected with schizophrenia (NIMH, 2023).

Treatment

Schizophrenia is extraordinarily disruptive to an individual's life, making it difficult to attend school or work, keep a schedule, socialize, complete daily tasks, or take care of oneself. However, with consistent treatment, including medication, therapy, and social support, people with schizophrenia can manage the disease and lead fulfilling lives.

Current schizophrenia treatments focus on helping individuals manage their symptoms, improve their daily functioning, and meet their life goals, which may include education, a career, and having meaningful relationships with others.

Antipsychotic Medications

Antipsychotic medications can alleviate psychotic symptoms by reducing their intensity and frequency. These medications are usually taken every day as a pill or liquid. Some antipsychotic medications are given once or twice a month by injection.

For some people, symptoms do not improve with typical antipsychotic medications such as chlorpromazine, fluphenazine, haloperidol, so they are prescribed clozapine as an additional medication. It can have dangerous side effects for some people, and therefore, regular blood tests are needed.

As with any medication, people respond to antipsychotic medications in different ways. Should the individuals experience any side effects, they should discuss this with their healthcare providers immediately. Frequent side effects people experience taking antipsychotic medication include dry mouth, weight gain, restlessness, and drowsiness. Many of the side effects are when the medication is first taken, and some may go away with time while others may last.

Shared decision-making between the individual with schizophrenia and the healthcare provider is the best practice for deciding the best medication or combination of medications and the most effective dosage.

Psychosocial Treatments

Psychosocial treatments are often used together with antipsychotic medication. Psychosocial treatments help people manage their symptoms and find solutions to their daily challenges so that they can attend school, work, and have meaningful relationships. Individuals who participate in psychosocial treatment have lower reoccurring symptoms and reduced hospitalizations.

Examples of psychosocial treatment include psychotherapy, behavioral skills training, supported employment, and cognitive remediation interventions.

Education and Support

Educational programs provide family and friends with information about schizophrenia symptoms, treatment options, and strategies to help their loved ones with schizophrenia. Friends and family receive support in these programs to improve their own coping skills and distress management and improve their ability to provide support to their loved ones. The National Alliance on Mental Illness is a national program that offers support groups and education to family members of those with SMI.

Coordinated Specialty Care

Coordinated specialty care (CSC) programs are recovery-focused programs for those in an early stage of schizophrenia who have experienced their first episode of psychosis. CSC is a team approach, including healthcare providers and specialists who provide CSC. CSC includes psychotherapy, medication, case management, education and employment support, and family education and support. The treatment team works collaboratively with the person and, when possible, family members to make treatment decisions. CSC is more effective at reducing symptoms, improving quality of life, and increasing involvement in work or school when compared to treatment as usual.

Assertive Community Treatment

Assertive community treatment (ACT) is designed specifically for individuals with schizophrenia who experience numerous hospitalizations or homelessness. ACT is usually provided by a team of healthcare providers who work together to provide care to the person in the community.

Treatment for Drug and Alcohol Misuse

Frequently, people with schizophrenia also have problems with alcohol and drugs. Treatment programs that include treatment for both schizophrenia and substance use are important for recovery as substance use can interfere with schizophrenia treatment (NIMH, 2023).

Impacts of Schizophrenia

Although there is a low prevalence of schizophrenia, it is associated with significant health, social, and economic difficulties.

Those diagnosed with schizophrenia have a higher risk of premature mortality when compared to the general population. The average number of years of life lost for those in the United States with schizophrenia is 28.5 years. Contributing factors for the higher premature mortality rate include a high rate of co-occurring medical conditions, such as heart disease, liver disease, and diabetes. One explanation for these higher rates is the under-detection and under-treatment of the medical conditions. 4.9% of individuals with schizophrenia die by suicide, with the highest risk being during the early stages of the disease. This is also a significantly higher rate compared to the general population. Half of those with schizophrenia also have co-occurring mental health disorders.

Financial costs associated with schizophrenia are disproportionately high compared to other chronic mental and physical health conditions. This reflects the direct costs of health care as well as indirect costs such as lost productivity, social service needs, criminal justice involvement, and other factors beyond health care (NIMH, 2023).

Major Depressive Disorder

Depression is one of the most common mental health disorders in the United States. It can cause severe symptoms that impact how an individual feels, thinks, and manages daily activities, including sleeping, eating, and working. Depression affects all ages, genders, races, and ethnicities. Women are more often diagnosed with depression than men, but this is due to men being less likely to recognize and talk about their emotional problems, and they are therefore at greater risk of being undiagnosed and undertreated. There is a higher rate of depression among members of the LGBTQIA+ community (NIMH, 2023).

Signs & Symptoms

For a depression diagnosis to be considered, symptoms must be experienced nearly every day, for most of the day, over a two-week period. Symptoms may include:

- Constant sadness, anxiousness, or "empty" mood
- Feeling hopeless or pessimistic
- Feeling irritable, frustrated, or restless
- Feeling guilty, worthless, or helpless
- Lack of interest or pleasure in activities and hobbies
- Decreased energy, fatigue, or feeling slowed down
- Difficulty concentrating, remembering, or making decisions
- Trouble sleeping, oversleeping, or waking up early
- Changes in appetite or unplanned weight loss or gain
- Physical problems that do not have a clear cause or respond to treatment, such as aches and pains, headaches, cramps, or digestive problems
- Suicide or suicide attempts and thoughts of death

Depression can also cause changes in mood or behavior, such as:

- Increased irritability or anger
- Increased restlessness or feeling on edge
- Being more withdrawn, negative, or detached from others
- Isolation from family and friends
- Increased participation in high-risk activities
- Increased impulsivity
- Increased use of alcohol or drugs
- Being unable to meet work, academic, or family responsibilities or other important roles
- Difficulties with sexual desire and performance

Depending on the severity of one's depression, a person may experience only a few of the above symptoms or many of them. No matter how many are experienced, for a diagnosis of serious mental illness, the symptoms cause significant distress to the person experiencing them, and they interfere with the person's daily functioning (NIMH, 2023).

Prevalence & Risk Factors

Approximately 21 million adults (8.3% of the population) had at least one major depressive episode in the United States in 2021. The rate of major depressive episodes among women was 10.3%, and among men, it was 6.2%. The prevalence of a major depressive episode was highest among those ages 18-25, with a rate of 18.6%. 61% with a major depressive disorder received treatment when compared to those with a major depressive disorder with severe impairment; that rate is 5.7% of the United States population or 14.5 million adults. Of those with severe impairment due to their major depressive episode, 74.8% received treatment (NIMH, 2023).

There are numerous causes and risk factors of depression, including genetic, environmental, psychological, and biochemical factors.

The risk of depression increases if individuals have a family history of depression, if they have experienced trauma, major life changes, or stress, and some physical health conditions (such as diabetes, cancer, or Parkinson's), or as a side effect to certain medications (SAMHSA, 2023).

While depression can happen at any age, it is most frequently experienced in adulthood. Depression experienced in midlife or older often co-occurs with other medical conditions such as diabetes, cancer, heart disease, and Parkinson's disease. Research is emerging that shows those with depression and a serious medical illness have more severe symptoms for both conditions.

Other medical conditions, such as thyroid disease, may cause hormonal changes that can cause mood abnormalities. Additionally, medications taken for physical medical conditions can have side effects that exacerbate depression (NIMH. 2023).

Depression is most often treated with medication, psychotherapy, or a combination of both. Some people experience treatment-resistant depression, which is when individuals have tried at least two different antidepressant medications and participated in therapy, and they have not experienced any relief in their symptoms. When this occurs, alternative treatments such as brain stimulation therapy may be explored.

Medications

Selective serotonin reuptake inhibitors (SSRIs) are antidepressants that are most often prescribed to treat depression. Antidepressants change how the brain makes and uses certain chemicals involved in mood and stress. Antidepressants usually take four to eight weeks to work, and often times other symptoms such as sleep, appetite, and concentration show improvements before the person experiences an improved mood. Should an antidepressant alone not alleviate symptoms sufficiently, many prescribers will add a supportive medication such as an antipsychotic or anticonvulsant medication; these generally boost the effectiveness of the antidepressant.

Psychotherapy

Therapy helps individuals with depression learn new ways of thinking and behaving and how to change habits that may be contributing to their depression. Evidence-based therapies for treating depression include Cognitive-Behavioral Therapy and Interpersonal Therapy.

Cognitive Behavioral Therapy is an evidence-based therapy that can successfully treat numerous mental health conditions through recognizing and modifying one's thoughts, feelings, and behaviors. In treating major depression, the person's negative thoughts are explored (I am worthless, hopeless, helpless), and an understanding is developed of how these thoughts exacerbate the person's depressed mood and influence resulting emotions and behaviors. Behaviors that may be targeted to help improve mood are developing strategies to interrupt rumination and changing or increasing the activities one participates in regularly.

Interpersonal Therapy is a short-term intervention that addresses the person's relationships with others. While interactions with others do not cause depression, many depressive symptoms are worsened through isolation and false beliefs about interpersonal relationships. By improving the person's relationships with family, friends, and community members, depression symptoms can be lessened or alleviated.

Brain Stimulation Therapy

When individuals experience treatment-resistant depression, they may benefit from brain stimulation therapy. This treatment works by activating or inhibiting the brain with electricity. The electricity is administered either directly through electrodes implanted in the brain or indirectly through electrodes placed on the person’s scalp.

Types of brain stimulation therapies include:

- Electroconvulsive therapy (ECT)
- Repetitive transcranial magnetic stimulation (rTMS)
- Vagus nerve stimulation (VNS)
- Magnetic seizure therapy (MST)
- Deep brain stimulation (DBS)

ECT, rTMS, and VNS are approved by the FDA to treat severe, treatment-resistant depression. Brain stimulation therapies can also be effective for people whose medications are not safe for them to use or for people whose depression is so severe a rapid response is required, and when waiting for four to eight weeks for medications to be effective is not possible. Examples of rapid response needs may include severe suicidality, catatonic depression, or extreme malnourishment (NIMH, 2023).

Bipolar Disorder

Bipolar disorder (previously called manic depression) causes abnormal changes in a person's mood, energy, activity levels, and concentration. These changes can make it challenging to carry out daily activities. There are three types of bipolar disorders. They all involved changes in mood, energy, and activity level. Moods can range from manic episodes distinguished by extremely elevated and/or irritable mood and energized behaviors to depressive episodes characterized by sad and hopeless mood and lack of energy. Some individuals experience less severe manic episodes called hypomanic episodes. Bipolar is typically diagnosed in adolescence or early adulthood. Bipolar disorder usually requires lifetime treatment, and following one's treatment plan can allow symptoms to be managed and quality of life to improve (NIMH, 2023).

In Bipolar I disorder, the person experiences manic episodes that last for a minimum of seven days or manic symptoms that are so severe that the individual requires medical care immediately. Usually, depressive episodes are also experienced and last at least two weeks. Episodes of depression with mixed features are also possible, meaning the person experiences depressive symptoms and manic symptoms at the same time. Experiencing four or more episodes of mania or depression within a twelve-month time period is considered rapid cycling.

In Bipolar II disorder, the person experiences depressive episodes and hypomanic episodes. Hypomanic episodes are less severe than the manic episodes experienced in Bipolar I disorder.

In cyclothymic disorder, the person experiences recurring hypomanic and depressive symptoms, but they are not intense enough or do not last long enough to qualify as hypomanic or depressive episodes. It is also known as cyclothymia (NIMH, 2023).

Signs & Symptoms

Those with bipolar disorder have time periods of intense emotions, changes in sleep patterns, changes in activity levels, and behaviors that are out of character. During an episode, they do not often see the harmful effects their behaviors are having on themselves or others. Symptoms are experienced every day most of the day during an episode and can last for several days or weeks.

Manic Episode Symptoms

- Feeling high or elated or feeling extremely irritable or touchy
- Feeling jumpy or wired
- More active than usual
- Decreased need for sleep
- Flight of ideas - Talking fast about a lot of different things
- Racing thoughts
- Feeling able to do many tasks and activities at once without getting tired
- Having an excessive appetite for pleasurable activities including food, drinking, and sex
- Feeling extremely important, talented, or powerful

Depressive Episode Symptoms

- Feeling very sad, down, or anxious
- Feeling restless or slowed down
- Difficulty falling asleep, sleeping too much, or waking up too early
- Difficulty finding things to say, talking very slowly, forgetful
- Difficulty concentrating or decision-making

- Feeling overwhelmed and unable to complete simple tasks
- Lack of interest in all or almost all activities
- Feeling hopeless or worthless
- Thinking about death or suicide

Additional Considerations

Sometimes, people have an episode with mixed features; they experience manic and depressive symptoms in the same episode. They may feel sad and hopeless while also feeling extreme levels of energy.

Some people have less extreme symptoms, such as those who experience hypomania typical of Bipolar II. Hypomania is a less extreme form of mania where the person may feel good, be able to accomplish tasks and keep up with daily living activities. While individuals may not recognize or express that anything is wrong, their family and friends may see a change in their mood and activity level. Recognizing and treating hypomania is important to prevent the person from developing more severe mania or depression.

Sometimes, people with severe bipolar experience symptoms of psychosis, including hallucinations or delusions. The psychosis tends to match the extreme mood the person is experiencing. For example, those who are in a depressive episode and experiencing psychosis may falsely believe they are facing financial ruin, while individuals in a manic episode experiencing psychosis may falsely believe they are celebrities or have superpowers (NIMH, 2023).

Prevalence & Risk Factors

2.8% of adults in the United States have had bipolar disorder in the past year. It is estimated that 4.4% of adults in the United States will experience bipolar in their lifetime. The prevalence is similar for males (2.9%) and females (2.8%). Of those with bipolar, 82.9% experience serious impairment; this is the highest percentage of impairment among mood disorders. 17.1% experience moderate impairment (NIMH, 2023).

Research has found that many risk factors can contribute to a person developing bipolar disorder.

Brain structure and functioning: Research shows that the brains of people with bipolar disorder are different in certain ways from those who do not have bipolar disorder or other mental health diagnoses. Learning more about these brain differences may help scientists understand bipolar disorder and determine the best treatments. At this time, healthcare providers establish a diagnosis and treatment plan based on a person's symptoms and history, not brain imaging or other diagnostic tests.

Genetics: Some studies suggest that individuals with certain genes are more susceptible to developing bipolar disorder. Research has also established that a person who has a parent or sibling with bipolar disorder is at an increased risk of developing bipolar disorder. There are numerous genes involved, and no one gene causes bipolar disorder. More research is needed to learn how genes play a role in bipolar disorder, which may lead to the development of new treatments (NIMH, 2023).

Treatment

Bipolar disorder is a lifelong condition. Manic and depressive episodes usually reoccur over time. Many people with bipolar are free of symptoms between episodes, while others may have lingering symptoms. Most people need ongoing treatment to manage their symptoms. An effective treatment plan typically includes medication and psychotherapy.

Medications

Medications can help manage bipolar disorder symptoms. The most commonly prescribed medications for bipolar disorders are mood stabilizers and atypical antipsychotics. Lithium or valproate are mood stabilizers that can help prevent and reduce the severity of mood episodes. Lithium also helps reduce the risk of suicide.

Occasionally, bipolar disorder will be treated with an antidepressant medication, but a mood stabilizer will also need to be prescribed, as taking an antidepressant alone can trigger a manic episode or rapid cycling.

Other medications may be prescribed to aid in sleep or to manage anxiety, depending on the individual's needs and severity of symptoms.

Psychotherapy

The rate of participation in psychotherapy is declining. Those with bipolar are less likely to participate in psychotherapy than those with major depression. Participants, on average, attend only 50% of their psychotherapy sessions.

Cognitive behavioral therapy is an effective treatment for depression and may be successfully used to treat depressive episodes due to bipolar. CBT-I is an approach to treat insomnia that can be helpful if the person is experiencing sleep difficulties as part of their bipolar symptoms.

Interpersonal and social rhythm therapy (IPSRT) is a targeted therapy approach developed specifically to treat bipolar disorder. IPSRT teaches individuals with bipolar symptoms to use their daily habits and routines to help regulate their moods. The idea behind using IPSRT is that people who are sensitive to changes can be triggered into a bipolar mood episode.

Additional Treatments

- **Electroconvulsive therapy (ECT)** is a brain stimulation procedure that can help relieve severe symptoms of bipolar disorder. Healthcare providers may consider ECT when a person's condition has shown no improvement after other treatments have been exhausted or in situations that require a rapid response, such as a person who is at high risk for suicide or catatonia (a state of unresponsiveness).
- **Repetitive transcranial magnetic stimulation (rTMS)** is a type of brain stimulation that uses magnetic waves over a series of treatment sessions to relieve depression. rTMS is not as powerful as ECT, but it has a low risk of negative effects on memory and thinking, and it does not require general anesthesia.
- **Light therapy** is the best evidence-based treatment for seasonal affective disorder (SAD). Numerous individuals with bipolar disorder experience seasonal worsening of their depression symptoms in the winter. Light therapy can be used to treat less severe forms of seasonal worsening of bipolar depression (NIHM, 2023).

Obsessive-Compulsive Disorder

Obsessive-compulsive disorder is a common and chronic disorder in which individuals have uncontrollable, reoccurring thoughts ("obsessions") and/or behaviors ("compulsions") that they feel the urge to repeat over and over.

Signs & Symptoms

Individuals with OCD may experience obsessions, compulsions, or both. These symptoms and behaviors can impact all aspects of a person's life, including school, work, and personal relationships.

Obsessions are repeated thoughts, urges, or mental images that cause anxiety. Common symptoms include:

- Fear of germs or being contaminated
- Unwanted, forbidden, or taboo thoughts, usually around sex, religion, or harm
- Aggressive thoughts toward self or others
- Having to place things symmetrical or in a perfect order

Compulsions are repetitive behaviors the person feels urged to do in response to an obsessive thought. Common compulsions include

- Extreme or excessive cleaning and/or handwashing
- Arranging and ordering things in a particular way
- Repeatedly checking on things, including checking to see if the door is locked or that the oven is off, repeatedly or for an exact number of times
- Compulsive counting

Not all rituals or habits are compulsions (e.g., Double checking you shut off the stove or unplugging the iron). The difference is that individuals with OCD:

- Cannot control their thoughts or behaviors, even when they recognize that the thoughts or behaviors are excessive or extreme
- Spends a minimum of one hour per day on these thoughts or behaviors
- Do not experience any pleasure when performing the behaviors, but they will feel temporary relief from the anxiety caused by the thoughts

- Have significant difficulties in their daily life due to these thoughts or behaviors

Symptoms may come and go and improve or worsen over time. People with OCD may try to avoid situations that trigger their obsessions or self-medicate with alcohol or drugs to try and calm themselves.

Some people with OCD also have a tic disorder. This can be a motor tick such as eye blinking, facial grimacing, shoulder shrugs, or head/shoulder jerking. Or they may have a vocal tic such as repetitive throat clearing, sniffling, or making grunting noise (NIMH, 2023).

Prevalence & Risk Factors

1.2% of adults in the United States had OCD in the past year. It is estimated that 2.3% of the population will experience OCD at some point in their lifetime. There is a higher prevalence of OCD for females (1.8%) than for males (0.5%). Among those with OCD, just over half (50.6%) experience serious impairment, 34.8% experience moderate impairment, and 14.6% experience mild impairment (NIMH, 2023).

OCD is most commonly diagnosed in late adolescence or early adulthood but can be onset in children and older adults as well. The cause of OCD is unknown, but some risk factors have been identified including the following:

Genetics

Family studies and twin studies have shown that individuals with first-degree relatives (parent, child, or sibling) with OCD are at an increased risk of developing OCD. The risk is greatest if the first-degree relative develops OCD in childhood or adolescence. Research continues to look at the connection between genetics and OCD in hopes of improving the diagnosis and treatment of the disorder.

Brain Structure and Functioning

Research in imaging has shown differences in brain structures in people with OCD, particularly in the frontal cortex and subcortical structures. There seems to be a connection between abnormalities in certain brain areas and OCD symptoms. Research is ongoing to understand how that connection may work. Understanding these brain differences and causes will help support specific and personalized OCD treatments.

Environment

There appears to be a link in some studies between childhood trauma and obsessive-compulsive symptoms. More research is needed to understand this relationship better.

Treatment

OCD is treated with medication and psychotherapy, and while most people respond to treatment, some continue to struggle with symptoms.

Medication

The most frequently prescribed medication to reduce OCD symptoms are selective serotonin reuptake inhibitors (SSRIs). OCD treatment often requires a higher dose of SSRIs when compared to what is prescribed to treat depression. It can take eight to twelve weeks for the medication to begin working. If the individual sees no relief of symptoms with SSRIs, some people have positive results with antipsychotic medications.

Psychotherapy

Research has shown that cognitive behavioral therapy can be just as effective as medication for treating OCD. Particularly, a specialized form of CBT called

Exposure and Response Prevention (EX/RP) has been most effective in reducing compulsive behaviors in OCD, even among people who did not have success with SSRI medication. In EX/RP treatment, the person is placed in situations that trigger their compulsions but are then prevented from completing the compulsive behavior. An example may be having people open public doors but not allowing them to wash their hands immediately.

Other Treatment Options

Transcranial Magnetic Stimulation (TMS) was approved by the FDA in 2018 as an adjunct treatment for adults with OCD.

Post-Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) is a condition that some people develop after being exposed to a traumatic event such as a death, serious injury, or violence. Anyone of any age can develop PTSD. This can be from directly experiencing the traumatic event themselves, witnessing it happen to someone else, or learning of a traumatic event a family member or friend has experienced.

Signs & Symptoms

PTSD symptoms usually start within three months of the traumatic event. The person must have the symptoms for at least one month, and they must interfere with daily functioning. Some people can recover within six months, while others may experience symptoms for years (especially if left untreated).

To be diagnosed with PTSD, a person must have at least one symptom within each of the following categories:

Re-experiencing Symptoms (at least one symptom)

- Reoccurring, involuntary, intrusive, and distressing memories of the traumatic event
- Repeated vivid nightmares of the traumatic event
- Dissociative reactions such as flashbacks where the person experiences the trauma as if it is recurring
- Experiencing cognitive, emotional, or physiological reactions to reminders/cues/triggers of the event

Avoidance Symptoms (at least one symptom)

- Avoiding internal reminders of the traumatic event (thoughts, feelings, images), possibly through the use of substances, self-harm, and high-risk behaviors.
- Avoiding external reminders of traumatic events (people, conversations, places, activities, situations, objects) that arouse distressing memories, thoughts, or feelings.

Cognitive and Mood Symptoms (at least two)

- Unable to remember key parts of the traumatic event
- Constant negative beliefs or expectations about oneself, others, and the world
- Constant distorted thoughts about the causes or consequences of the traumatic event that causes individuals to blame themselves or others
- Persistent negative emotional state
- Diminished interest or participation in previously significant activities
- Feelings of detachment or estrangement from others

- Inability to experience positive emotions

Arousal and Reactivity Symptoms (at least two)

- Irritable behavior and angry outbursts, including verbal or physical aggression toward people or objects
- Reckless or self-destructive behavior
- Hypervigilance
- Exaggerated startle response
- Problems with concentration
- Sleep disturbances (APA, 2022)

Causes/Prevalence/Risk Factors

Approximately 3.6% of adults in the United States have experienced PTSD in the past year. It is estimated that 6.8% of adults in the United States will experience PTSD in their lifetime. PTSD prevalence is higher in females (5.2%) than in males (1.8%). Among those with PTSD, 36.6% experienced severe impairment, 33.1% experienced moderate impairment, and 30.2% experienced mild impairment (NIMH, 2023).

Not everyone who has experienced a traumatic event develops PTSD. This seems to be determined based on an individual's risk and the protective factors in their life. Risk factors that increase the possibility of a person developing PTSD include:

- Being exposed to previous traumatic experiences, especially as a child
- Getting hurt or seeing people hurt or killed
- Feeling helplessness, horror, or extreme fear

- Having limited or no social support after the traumatic event
- Experiencing additional stress after the traumatic event, such as pain and injury, loss of a job or home, or the loss of a loved one,
- Having a personal or family history of mental illness or substance use

Resilience or protective factors that reduce the possibility of a person developing PTSD include:

- Seeking support from friends and family, or reaching out to support groups
- Learning to be and feel okay with one's actions and responses to the traumatic event
- Having a coping strategy for processing and learning from the traumatic event
- Being prepared and able to respond to traumatic events as they happen despite feeling fear

Treatment

The primary treatment for PTSD is psychotherapy, with consideration for medication depending on the severity and symptoms the person is experiencing.

Psychotherapy

Two evidence-based treatments for PTSD include:

- **Exposure therapy** In exposure therapy, people learn to manage their fear by slowly and safely exposing themselves to the trauma they experienced. In exposure therapy treatment, individuals may think or write about the trauma, and they may visit the place where the traumatic event took place.

Exposure therapy helps people with PTSD reduce their distressing symptoms.

- **Cognitive restructuring** In cognitive restructuring, people learn to make sense of the traumatic event. Part of this is recognizing that sometimes people remember the event differently from how it happened. This may cause them to feel guilt or shame about something that did not happen or is not their fault. Cognitive restructuring helps the person with PTSD think about what happened in a realistic way.

Medication

There are two FDA-approved selective serotonin reuptake inhibitors (SSRIs) to treat PTSD. They are the antidepressant medications sertraline (Zoloft) and paroxetine (Paxil). SSRIs help manage the symptoms of worry, sadness, anger, and emotional numbness.

Other medications may be prescribed to treat specific symptoms, such as sleep difficulties or nightmares (NIMH, 2023).

Borderline Personality Disorder

Borderline personality disorder is a mental condition that severely impacts individuals' ability to manage their emotions, often resulting in unstable and explosive emotions and behaviors. This loss of emotional control can increase impulsivity, cause self-image issues, and lead to chaotic relationships with others. People diagnosed with borderline personality disorder have a significantly higher rate of self-harm and suicidal behaviors than the general population (NIMH, 2023 & SAMHSA, 2023).

Signs & Symptoms

Individuals with borderline personality disorder experience severe and extreme mood swings and feel uncertainty about how they see themselves. Their relationships tend to be intense and unstable as their feelings for others can change quickly, swinging from extreme closeness to extreme dislike and causing emotional pain for all involved. Those who have the disorder tend to view things from an all-or-nothing viewpoint. For example, things are all good or all bad. Their interests and values can change quickly, leading to impulsive and reckless behaviors.

Additional symptoms include:

- Extreme and desperate efforts to avoid real or perceived abandonment
- Patterns of intense and unstable relationships that alternate between extreme idealization and devaluation
- Distorted self-image or unstable sense of self
- Impulsive and self-damaging behaviors such as
    - Spending
    - Risky sexual behavior
    - Substance abuse
    - Reckless driving
    - Binge eating
- Suicidal behaviors, gestures, or threats
- Self-harming behaviors such as cutting
- Intense and unstable moods lasting a few hours to a few days

- Chronic feelings of emptiness
- Intense or inappropriate anger or difficulties controlling anger
- Paranoid ideation or dissociative feelings (APA, 2022).

Prevalence & Risk Factors

The prevalence of any personality disorder among adults in the United States is 9.1%, and for borderline personality disorder, it is 1.4%. There are no major differences in prevalence based on race or gender. However, there is a high rate of comorbidity of personality disorders and one or more other mental health disorders. For example, of those diagnosed with borderline personality disorder, 60.5% also had an anxiety disorder, 34.3% had a mood disorder, 49% had an impulse control disorder, and 38.2% had a substance use disorder. Overall, 84.5% of those diagnosed with borderline personality disorder had a co-occurring mental health disorder. 42.4% of those with borderline personality disorder have received treatment in the past year (NIMH, 2023).

Risk Factors

- **Family history:** Individuals who have a close family member (such as a parent or sibling) with borderline personality disorder are at a greater risk of developing borderline personality disorder themselves due to shared genetic factors.
- **Brain structure and function:** Research states that individuals with borderline personality disorder may have structural and functional changes in their brain, especially in areas that control impulses and emotion regulation. However, it is not clear whether these changes led to the disorder or were caused by the disorder, and more research is needed.

- **Environmental, cultural, and social factors:** Numerous people with borderline personality disorder report having experienced traumatic life events, including abuse, abandonment, or hardship, during childhood. Others may have experienced unstable, invalidating relationships or conflicts (NIMH, 2023).

Treatment

With treatment, people can have fewer and less severe symptoms, more stability in daily functioning, and improved quality of life. Those with severe symptoms may need intensive, inpatient care, while those with milder symptoms may be able to manage their symptoms with outpatient care.

Psychotherapy

Dialectical behavior therapy (DBT) was developed specifically for people with borderline personality disorder. DBT uses mindfulness concepts or awareness of one's present situation and emotional state. DBT also teaches skills to help people manage their intense emotions, reduce self-destructive behaviors, and improve relationships.

Cognitive behavioral therapy (CBT) can help individuals with borderline personality disorder acknowledge and change core beliefs and behaviors that come from inaccurate perceptions and problems interacting with others. CBT may help the person reduce their mood swings and anxiety symptoms and may also lower the number of self-harming or suicidal behaviors.

Medications

Medications are not usually used as the main treatment for borderline personality disorder. However, medications may be prescribed to treat specific symptoms such as mood swings or depression (SAMHSA, 2023; VA, 2023; NIMH, 2023).

Assessment

There are a variety of factors that impact functional impairment in SMIs. Cognitive deficits and negative symptoms are the two areas with the biggest impacts on function. Cognitive deficits can predict 40% of a person's functional outcomes, such as work performance and activities of daily living. Negative symptoms can predict 20% of a person's real-world functioning. The more severe a person's symptoms are, the worse cognition and functioning.

One of the key aspects of identifying SMI is functional impairment. Having clear ways to assess this is important. It is also one of the areas that is most challenging. The following strategies are used to assess level of functioning.

Significant functional milestones

These are things such as marriage, stable relationships, full-time employment, and self-supported living, which are insensitive indicators for those with SMI.

Clinician ratings

Observations are usually made in an inpatient or outpatient setting and, therefore, are not real-world situations and are a snapshot in time when the person is seen for their appointment with the clinician.

Direct observation

Real-world observation of the person's household management, social interactions, and job-seeking activities. This is considered the gold standard but is resource-intensive and is often not feasible.

Performance-based functional tests

These are built to test for skills competence in a simulated real-world everyday task such as medication compliance or financial management. The premise is that what one can do in the simulation translates to what the person can actually do in the real world. However, although these tests may give a general idea about how the individual handles a certain task, this type of assessment does not consider risks or protective factors the person may have in real-world situations. An example of a performance-based functional test is the University of California San Diego Performance-Based Skills Assessment (UPSA).

Self-report measures

This is the most common assessment for people with SMI. The drawbacks of this type of information-rated measure are they are subject to recall bias, overestimation of function, socially desired effects, and state-dependent bias. Studies have also shown those with cognitive impairments overestimate their abilities, those with mild depression symptoms are relatively accurate, and those with severe depression symptoms underestimate their abilities. Those with diminished insight are particularly inaccurate in their self-assessments. An example of a self-report assessment is the Sheehan Disability Scale.

Ecological Momentary Assessment (EMA)

This is a diary-type method that repeatedly gathers data on the person's natural behaviors and experiences. While this is a self-report of information, it is gathered as individuals go about their daily activities, and typically reports are made concurrently. Information gathered is usually in socioenvironmental context (location, who was there), and self-rated performance (impairment, needed assistance). EMA reduces recall bias as the behaviors and ratings are gathered concurrently or shortly afterward. Traditionally, EMAs were completed as worksheets or diaries. With the use of technology, these can now be completed via computer or mobile device using applications. EMA includes medication calendars, mood charts, and symptom tracking (Depp et al., 2022).

Impacts

It is clearly documented that SMI has a negative impact on individuals, their families, and their community. The World Economic Forum estimates that mental illness will make up more than half the global economic burden attributed to non-communicable diseases by 2030.

People with SMI are at greater risk of poverty, unemployment, and unstable housing, all aspects that negatively impact their social inclusion and exacerbate their mental illness.

Approximately 1% of the world's population has schizophrenia. In the United States alone, the direct and indirect costs reach $63 billion per year. Those with schizophrenia usually have a 20 to 25-year shorter life expectancy when compared to the general population. Bipolar affects 1% to 2%, has $45 billion in direct and indirect costs, and those with bipolar have a 10 to 13 year shorter life span than the general population. Schizophrenia and bipolar disorder are among the top ten causes of life years lost due to disability worldwide (Depp et al., 2022).

There are more than eight million Americans who are caregivers to an adult with emotional or mental health issues, mostly related to SMI. Four in ten caregivers struggle to find an accurate diagnosis for their loved one. Families report that, on average, it takes 11.8 years to receive an accurate diagnosis. Caregivers also report barriers to accessing healthcare services, including day programs, peer support, case managers, inpatient treatment centers, and a lack of services in rural areas (SMI Advisor, 2023).

Including family members can help support a person's treatment. Being a caregiver or family member of someone who has a serious mental illness can be exhausting, and family members and caregivers can benefit from therapy. Family therapy can help by building skills to understand and support the family member with SMI. It can also focus on the needs of family members and help them understand the challenges and strategies for caring for a loved one with SMI.

The impact of SMI is not limited to the person with the illness and their family members, but also the community where they live. Caring for someone with SMI takes a toll on the caregiver's social relationships, employment, income, and psychological well-being. Families of people with SMI have worse physical health and access more medical care than families without SMI. These factors can place undue stress on the community as a whole.

Children with parents with SMI have an increased risk of physical and mental illness due to stigma, financial difficulties, the stress of caring for parents, and genetic vulnerability. The impacts continue into adulthood, affecting their health and relationships. Children with parents with SMI have a higher rate of mental health struggles when compared to children whose parents do not have an SMI. Children of parents with SMI had poorer academic performance, higher rates of school behavioral issues, and are at risk of malnutrition (Fekadu et al., 2019).

Physical

Numerous studies have shown family members of people with SMI have overall poor perceived physical health (65.5%), sleeplessness (53.1%), headaches (44.2%), and extreme tiredness (56.2%). These numbers are all significantly higher compared to family members of people who do not have SMI.

Psychological

Research shows significantly higher rates of psychological problems among family members of those with SMI, including parents, siblings, children, and grandchildren. Family members tend to score higher on depression screenings as well as psychological distress measures. A number of studies have found that 20%-50% of caregivers experience depressive symptoms.

Socioeconomic

Social impacts on family members included fewer marriages, higher divorce rates, poor family cohesion, and strained family households.

Financial impacts were linked to the cost of care (cost of treatment, cost of caregiving), productivity (inability to work due to caregiving), cost of treatment side effects, stigma, and suicide. 32.5% of households with SMI have food insecurity compared with 15.9% of the general population (Fekadu et al., 2019).

Types of Care Provision & Care Options

Psychiatric Advance Directives

A psychiatric advance directive (PAD) is a two-part written document that states an individual's preference for treatment in advance. The first part is an instructional directive. This lists the instructions and information that the person with SMI wishes to be followed when there is a mental health crisis (depending on the state, that person may be called a healthcare agent, proxy, or a healthcare power of attorney). The second part is naming who will make decisions for the person with SMI during the crisis. The document allows for a secondary person to be named if the primary person is unavailable. Some states require a person to be named for any part of PAD instructions to be implemented; others do not, and in those cases a person's PAD can be followed without a designated trusted person. A PAD becomes official once it is signed by witnesses with a notary public and given to the individual's care team, including doctors, providers, and hospitals. A PAD can be changed or updated anytime if the person has the capacity and is not in a mental health crisis. It would then need to be resigned.

When individuals with an SMI are in crisis and unable to make clear decisions for themselves, the decision maker named in their PAD will step in to consent to the treatment plan that was previously determined. Having this in place gives individuals greater control over their mental health care. A PAD goes into effect when a doctor deems the individual "lacks capacity." Once that has been established, the treatment team is required to review the PAD and contact the named decision maker.

Developing A PAD gives individuals with SMI an opportunity to control their mental health and let others know what does and does not work for them. It is established when individuals are experiencing stable mental health and can think through past treatment experiences and how they would like future mental health crises to be handled. Items that the PAD will address generally include:

- Which doctors and providers should be contacted?
- Which family members or friends should be contacted?
- Which hospital does the individual wish to be admitted to (or which one they do not want to be admitted to)?
- Which medications is the person open to taking?
- Which medications have not worked well in the past and should be avoided?
- What treatment plan has worked in the past? Or not done well for the person?
- What other information should the treatment team be aware of?

The American Psychiatric Association and the Substance Abuse and Mental Health Services Administration have worked together to create an app where those with SMI can walk through the steps of creating a PAD and then upload a copy to their app so they will always have it with them. My Mental Health Crisis Plan can be downloaded to one's phone for free from the Apple App Store or the Google Play Store (SMI Advisor, 2023).

Ways for Caregivers to Provide Support

Ways caregivers can support those with an SMI include:

- Learn about their loved one's concerns, ask questions, and listen to answers.
- Make and coordinate appointments with healthcare providers.
- Educate family members, friends, and colleagues about the condition(s) their loved one is experiencing.
- Encourage loved ones to follow their treatment plans and offer support through reminders about appointments and medications.
- Help create a mental health crisis plan that makes their loved one's treatment preferences known through a psychiatric advanced directive.
- Notice symptoms that may lead to a loved one having a mental health crisis.
- Organize mental and physical health records, healthcare providers, medications and treatments, crisis plans, and other information.
- Provide transportation to loved one's appointments.
- Participate in treatment with their loved ones, as requested.
- Use person-first language to discuss and describe mental health conditions (SMI Advisor, 2023).

Self-Care for Persons with SMI

Living with a serious mental illness can be a difficult experience, but there are ways to make it more manageable. Suggestions for individuals include:

- Work with a healthcare provider to develop a treatment plan that works and stick to it. It's important to follow the plan as directed and work with a provider to make any necessary adjustments.
- Structure activities whenever possible. Try to establish a routine for eating, sleeping, and exercising.
- Regular, vigorous exercise like running, bicycling, or swimming, can be especially beneficial for managing depression and anxiety, promoting better sleep, and supporting overall heart and brain health.
- Tracking moods, activities, and overall health and well-being can also be useful in recognizing mood swings and identifying areas where additional support may be needed.
- Don't be afraid to ask trusted family members and friends for help in keeping up with a treatment plan. It's important to remember that improvement takes time, so be patient.
- Staying connected to sources of social support can help manage symptoms and maintain overall well-being.
- Long-term, ongoing treatment can help you control symptoms and lead a healthy life. (NIMH, 2023).

Types of Treatment

Depending on the severity of symptoms and the needs of individuals experiencing serious mental illness, they may participate in one type of treatment or multiple treatments concurrently or asynchronously. Treatment should be tailored to meet the person's individualized needs for successful results.

Outpatient Treatment

Community-based services provide therapy and medication by a licensed professional. Services may be provided in person or via telehealth. Therapy may include individual, group, or family counseling. It may also encompass client or family educational programs, case management services, or substance use recovery programs.

Inpatient Treatment

This usually occurs when a person is in a mental health crisis and needs acute, emergency care. This treatment is typically accessed by presenting to an emergency department, followed by a psychiatric evaluation and an admission to inpatient treatment to stabilize one's mental health.

Psychosocial Treatments

Individuals living with SMI are one of the most marginalized groups in society. Interventions to improve their social and economic participation in society are important aspects of treatment. There is a high social and economic cost to SMI that has a negative impact on the person, their families, and society. People with SMI are at greater risk of poverty, unemployment, and poor housing, all of which negatively impact their social inclusion and decrease mental health. Social interventions that have shown positive results for those with SMI include:

Housing First

This program addresses the high rates of homelessness among those with SMI. The program provides rent supplements and support from a clinical treatment team to help the person establish and maintain mental wellness and, if needed, recovery support for substance use. Housing First clients have greater housing stability (74%) compared to those who receive the standard of care (41%) (Killaspy et al., 2022).

Supported Employment

There are different types of supported employment, and all aim to improve employment outcomes for individuals with SMI. In individual Placement and Support (IPS) programs, the person is assisted in an individualized job search to find competitive employment, and the program integrates mental health support, welfare benefit application if eligible, and on-the-job support. Other approaches assign an employment specialist to the person to provide on-the-job support. A third intervention is vocational rehabilitation, where pre-vocational training is provided, including preparing a resume, learning to complete job applications, and participating in a job interview (Killaspy et al., 2022).

Community Participation

Community-based psychosocial interventions may include things such as community social clubs and case management. Involvement in the community improves social cognition and functional outcomes. Community-based clubs are supportive social environments where individuals can engage in social interactions, practice new social roles, and expand their social engagement. One internationally recognized community-based program is the Clubhouse, which is a peer-led program with staff assistance that supports participants' psychosocial goals, including social and work skills. Participants with Clubhouse services reported reduced stigma and social isolation, and felt that it provided them with a sense of purpose, belonging, and accomplishment (Killaspy et al., 2022).

Family Interventions

Caregivers who receive family interventions show a significant reduction in caregiver burden. Family interventions may be psychoeducational services or support groups. Participants reported improved family communication, increased skills that improved their confidence and empowerment to cope with daily life as a caregiver, and improved social life satisfaction (Killaspy et al., 2022).

Peer-Support Interventions

One-on-one peer support resulted in greater self-efficacy for participants. Participation in peer mentoring programs has shown improved social functioning, reduced symptoms, decreased substance use, and lowered use of inpatient services. Peer-support participants report less social isolation and a better understanding of their symptoms (Killaspy et al., 2022).

Social Skills Interventions

In vivo, community-based social skills training is associated with increased emotional intelligence, facial emotional recognition, and empathy. Participants not only show improvements in social functioning but in negative symptoms as well (Killaspy et al., 2022).

Addressing Challenges & Supportive Resources

Stigma

Stigma is the shame or disapproval that results in the person being rejected, discriminated against, and excluded from participating in different aspects of society. Stima can be a major barrier to seeking mental health treatment. Stigma causes people to feel ashamed, hide their symptoms, and not seek treatment until issues are at crisis levels.

While there has been improved community understanding and acceptance of general mental health conditions, there continues to be a stigma surrounding serious mental illness. This is mostly due to an overall misunderstanding of SMIs and a lack of education. Furthering stigma is the reality that due to the low prevalence of serious mental illness, few people know someone personally with SMI and are more susceptible to relying on stereotypes regarding these conditions. Common misconceptions are that people with SMI are unpredictable and dangerous, lack the competence to look after themselves, and have little chance of recovery. Negative stereotypes can lead to discriminatory behaviors such as avoidance and exclusion. This can cause the person with SMI to feel further isolated, leading to feelings of hopelessness, worthlessness, and increased suicidality.

Stigma-reduction programs vary from face-to-face programs, online resources, awareness campaigns, and advocacy work. These programs' target audiences are healthcare professionals, family members or caregivers of individuals with mental illness, or general population members. Stigma-reducing programs that had input from people with lived experience have been the most effective, as well as those that were education-based and included contact with people with SMI (Morgan et al., 2021)

Community Program Budgets

80% of service providers in one study reported insufficient funds as a barrier to providing effective treatment to people with serious mental illness. Issues identified due to lack of funding included staff shortage, lack of experienced staff, and low salaries, leading to hiring staff with limited skill sets. Without sufficient funds, community treatment agencies are unable to implement or expand treatment programs for people with serious mental illness (Silver, 2023).

Technology

The use of technology could help overcome some of the barriers to treatment in the following ways.

Technology could expand the reach of psychosocial interventions by diminishing the resources needed to deliver psychosocial interventions and extending clinical contacts outside of the clinical setting.

The use of technology could enhance the impact of psychosocial interventions for SMI. Self-management interventions depend on using skills learned in clinical settings in the outside world. In psychosocial rehabilitation, cognitive deficits and diminished motivation limit the degree to which in-session skills are employed in daily life. Interventions that offer cues to use skills outside of the clinical setting may increase skills transfer to real-world use.

The use of technology could help personalize interventions. Self-management practices are varied and personalized in SMI, and technology could help adapt intervention material to meet the individual’s needs (Depp, 2022).

Cultural & Ethical Considerations

Culture

Health and illness are perceived differently across cultures. The meaning different cultures have of wellness and disease impact people's motivation to seek treatment, where they seek help (therapist, doctor, clergy, traditional healer), how they cope with their symptoms, how supportive their family, friends, and community are, how they access services, and outcomes of treatment.

Factors to consider include:

Perception of illness: It is imperative to be aware that people of different cultures may have different interpretations of health and how it impacts one's body and mind.

Seeking Treatment: Depending on the particular culture, individuals may present with more somatic symptoms or a greater amount of cognitive-based symptoms. Those from high-income countries often seek treatment much later when they have advanced mental distress.

Historical context must be acknowledged, particularly for those who identify as First Nations People. Mental health issues have been historically linked to oppression and intergenerational trauma. The historical trauma First Nations People have experienced is complex, and its impact is cumulative and intergenerational. From a historical perspective, mental health professionals are seen as part of the problem. These perceptions can lead to reduced use of mental health services. Similar mistrust can be seen in African-American and Latino communities in the United States. This is based on the historical persecution these groups experienced and ongoing discrimination and racism. To overcome some of these perspectives, mental health systems must work in a collaborative and power-sharing way to deliberately empower the communities they work with (Gopalkrishnan, 2018).

Five aspects of culture that impact mental health treatment are:

1. Emotional Expression: Some cultures may believe that the lack of balance in expression has led to disease. Therefore, talking about the issues may lead to more feelings and, therefore, more disease, which would then explain a reluctance to engage in psychotherapy.
2. Shame: This may lead to individuals being slow to access care. Some experience shame as they wish to maintain their dignity and protect their family. Others have a fear of being labeled "crazy," while others fear talking about their problems with a stranger, including lacking trust or fear of having to discuss painful events.
3. Power Distance: This is the power differential between the therapist and the client, which may be difficult for some to overcome, and it may interfere with establishing a therapeutic relationship.
4. Collectivism: When people come together to help and support each other, coping strategies may improve.
5. Spirituality and Religion: Depending on one's spiritual beliefs around mental illness, this may impact the help one does or does not seek (Gopalkrishnan, 2018).

Ethics

One ethical challenge around treating those with SMI is that of confidentiality, especially with family members. Family involvement can be helpful in the support and treatment of the person with SMI. However, healthcare professionals have a duty to maintain confidentiality. Many healthcare professionals argue that their duty of confidentiality takes precedence over family members' need for information and involvement. Family members may feel that healthcare professionals use the duty of confidentiality to avoid collaboration. At times, the patient's needs and the caregiver or family member's needs may be in conflict, putting further pressure on the healthcare provider to make appropriate ethical decisions (Hem et al., 2022).

Ethical Considerations

User participation in decision-making versus preventing harm

For many service users, participating in decision-making about their treatment and daily lives makes them feel like they are valuable human beings. Each situation is unique when it comes to how much decision-making the person wants and feels capable of handling. This should be discussed and assessed with the person. Ethical dilemmas may arise when the individual wishes to discontinue medication or terminate participation in support services and the provider has to determine how much to intervene.

Fostering an independent lifestyle versus preventing harm

Many service users wish they could be like "normal" people, capable of working, completing their education, and managing their household. At the same time, many also struggle to come to terms with what a realistic version of themselves is based on their symptoms, medication side effects, and mental health needs. An ethical dilemma may occur when the provider wants to encourage the person to live independently, but is also concerned that the individual may be more vulnerable to substance misuse in that situation.

Fostering an independent lifestyle versus preventing negligence

Family members and caregivers often report the belief that while they want their family members to be responsible for their own lives, they also feel that encouraging an independent lifestyle could be negligent. For example, if individuals are given the opportunity to manage their own money and they struggle to maintain financial stability, the provider may have to intervene and may feel conflicted.

Striving for equal relationships versus keeping a professional distance

Service users state the importance of having an open dialogue with their providers and their desire for providers to take the time to listen and be responsive to their ideas, opinions, and feelings. Providers struggle at times to have sufficient time to give to participants. This can be particularly difficult if the person is experiencing delusions or a flight of ideas, and the conversation is especially long and tangential. Additionally, some individuals may feel comforted by physical touch when they are struggling, but providers don't feel comfortable or that it's appropriate to violate those boundaries. (Heerings et al., 2020)

Conclusion

Despite only 5% of the population in the United States being diagnosed with a serious mental illness, the impacts of these mental health conditions are experienced deeply, not only by the individual, but also their family members and their community. It is critical for behavioral health professionals to have an understanding of these serious mental illnesses so that they are able to assess and diagnose individuals and provide them with appropriate services. By gaining knowledge and experience with SMI, professionals can expand their own awareness and help reduce the stigma in their communities. It is also essential that behavioral health professionals understand the toll SMI can have on caregivers, including family members and friends, so that they can assess caregivers' health and well-being and make necessary referrals for caregiver support.

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