

OVERVIEW OF AODA AND MENTAL HEALTH ISSUES



A Staff Training

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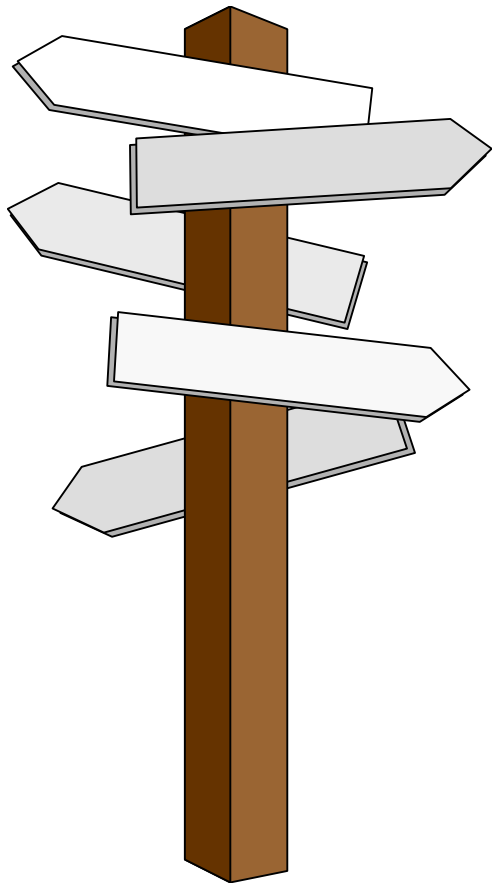
THE HUMAN CONDITION



⌘ Nearly Half of all Americans have a psychiatric disorder at some time in their lives -- usually Depression, Problem Drinking or Some Kind of Phobia (Archives of General Psychiatry, Jan.1994)

⌘ One in Every Five Americans experiences a Mental Disorder in any given year and half of all Americans have such disorders at some time in their lives (U.S.Surgeon General's Report, 1999)

MENTAL DISORDERS ARE DEFINED AS...



**CONDITIONS MARKED
BY ALTERATIONS IN
THINKING, MOOD AND
BEHAVIOR**

THAT CAUSE DISTRESS

OR IMPAIR A

PERSON'S ABILITY TO

FUNCTION

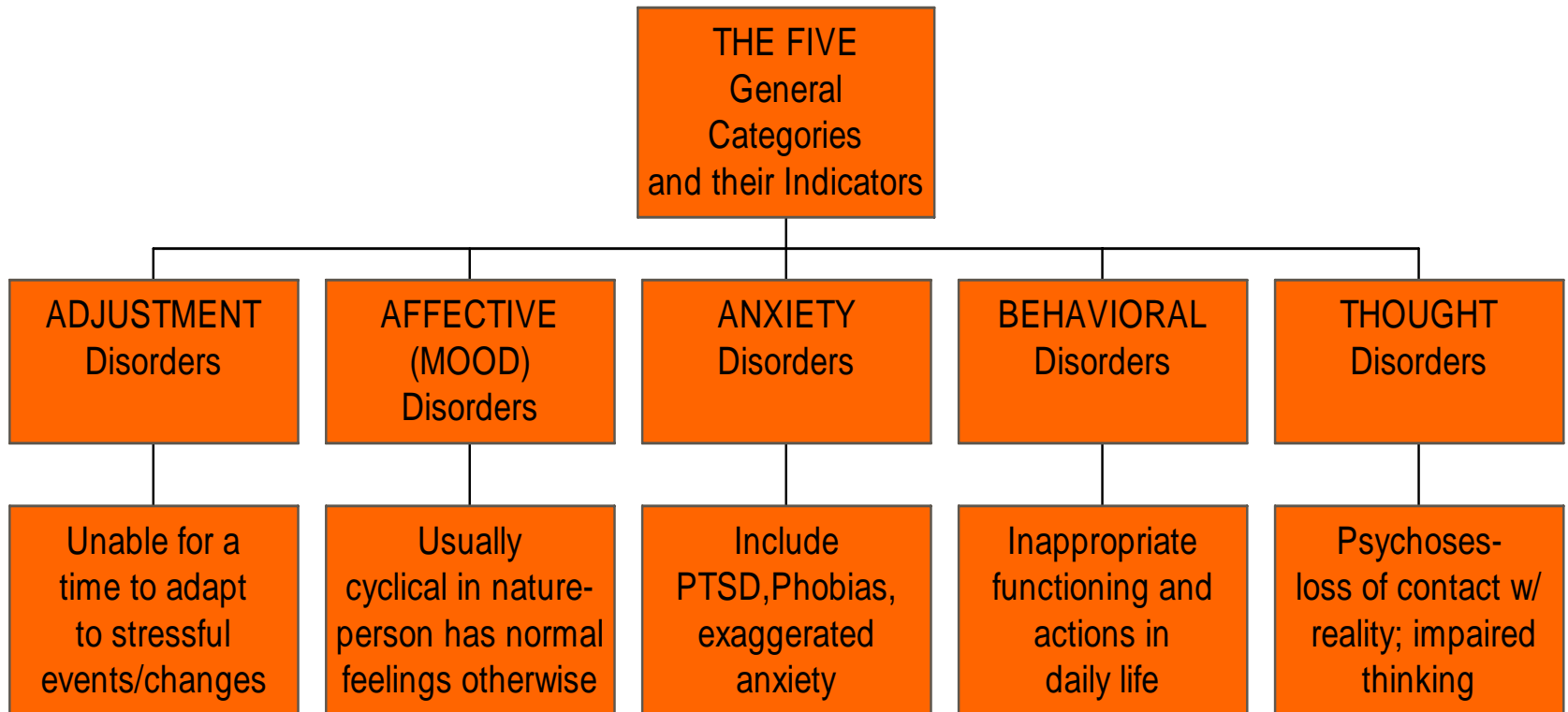
(U.S. Surgeon General Report, 1999)

THE CONNECTION BETWEEN FACTORS THAT DEFINE AND DETERMINE MH

MENTAL HEALTH and AODA ISSUES are BEHAVIORAL HEALTH ISSUES because they involve problems in one or more areas:

- ⌘ FEELINGS (AFFECT) -emotional aspect; how we internally handle and express emotions in our lives.
- ⌘ THOUGHTS (COGNITION) -mental aspect, our problem-solving skills, attitudes, beliefs and opinions (conscious and unconscious "internalized" processes).
- ⌘ BEHAVIOR (ACTIONS) -- often the end product of whatever one thinks or feels; general functioning; our reactions that are "externalized" and likely to affect others.

COMMON MH DISORDERS



Mental Illness: The Medical Model

STUDIES SHOW:

- ⌘ Certain conditions have a genetic or organic component.
- ⌘ Causes of certain abnormal behaviors suggest connection between biological and psychological disturbance.
- ⌘ Possible genetic aspects of mental illness w/ Major Depression and Schizophrenia.



THE AMERICAN PSYCHIATRIC ASSOCIATION'S

DIAGNOSTIC AND STATISTICAL MANUAL (DSM) CLASSIFICATIONS

Organic Psychotic Conditions (290-294)	Senile Dementia With Depressive Features (290.20)	ALCOHOL WITHDRAWAL DELIRIUM (291.0)	ALCOHOLIC JEALOUSY (291.5)
DRUG PSYCHOSES (292)	Drug-Induced Organic Delusional Syndrome	Schizophrenic Disorders (295)	Manic-Depressive Disorder-Single Episode (296.2)
Psychosexual Dysfunction (302.7)	Impulse Control Disorder; Pathological Gambling (312 category)	Attention Deficit-Hyperactive Disorder (ADHD)	GENERALIZED ANXIETY DISORDER
(301) Personality Disorders: Antisocial, Paranoid, Histrionic, Narcissistic, Borderline	...AND MANY MORE DISORDERS TOO NUMEROUS TO LIST	There are Sub-Classifications: 0=unspecified 1=subchronic 2=chronic	3=subchronic w/ acute exacerbat. 4=chronic w/AE 5=in remission

MENTAL HEALTH ISSUES FROM “PROBLEMS IN LIVING”

American Psychiatrist Thomas Szasz

wrote “The Myth of Mental Illness:”

- ⌘ He says that most of what is labeled mental illness is not; instead reflect Problems in Living
- ⌘ These problems arise from **difficulties ADAPTING TO LIFE, DEALING WITH CHANGE and COPING** (the manner in which people deal with and manage stress in their lives)
- ⌘ Labeling someone “SICK” deprives individuals of taking responsibility for behavior.



MH BEST VIEWED ALONG A CONTINUUM: IT'S A MATTER OF DEGREE

The following FIVE
guidelines are used by
professionals to assess a
person's MH status:

- ⌘ DEGREE (The EXTENT/
PREVALENCE/AMOUNT) of
condition or symptoms
- ⌘ INTENSITY of condition
or symptoms (MILD,
MODERATE, CONSIDERABLE,
SEVERE, EXTREME?)

⌘ FREQUENCY (HOW OFTEN?
Periodic? Chronic? Single
Episode?)

⌘ DURATION (HOW LONG)
have symptoms been shown?
Can be determined by
days, months, years, etc.

⌘ CONTEXT -- Is this part
of person's coping
patterns? Did symptoms
occur out of the blue/no
apparent reason? A
particular event trigger?

COMPARISONS: PHYSICAL AND PSYCHOLOGICAL HEALTH

⌘ COMMON STRESS may be like COMMON COLD

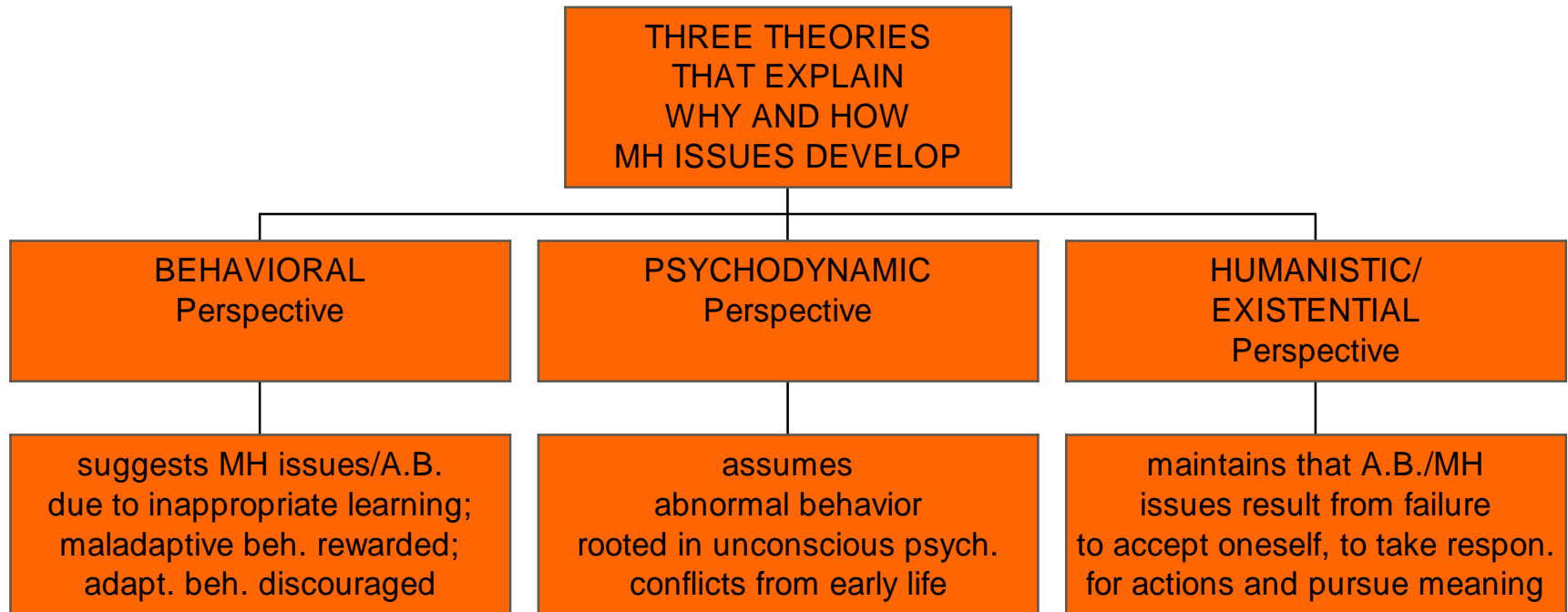
(Bothersome but do not have to adversely affect day-to-day functioning)

⌘ MAJOR DEPRESSION may be like having CANCER

(Both debilitating and potentially life-threatening. May be treatable; can go into remission)

⌘ POINT: Not all MH issues are serious enough to require medication, just as some physical conditions are more serious in nature and symptoms than other, same applies to mental conditions.

THREE EXPLANATIONS



An Example Combining the Three Perspectives:

GROWING UP IN A CULTURE OF POVERTY

⌘ How does a person living in dire poverty learn to function, view the world and behave in ways that can have an affect on his mental health?

⌘ **SOCIALIZATION** has to do with the society/ culture/ family/ environment in which we live, and where we learn what is considered abnormal and normal behavior.

⌘ The process of acquiring the personality traits typical of members of a particular culture is called socialization. It involves the following:

⌘ **LEARNING** from what happens to and around us

⌘ **EXPERIENCING**

Outcomes and Consequences

⌘ **ACTING** on information and reacting to others

⌘ **MENTALLY FILING** away information; having feelings and impressions

⌘ **REPETITION** of our responses automatic when we are UNCONSCIOUS about what we feel, think, say, do

W -2 HAS MEANT SYSTEMIC CHANGE

CHANGE CAN BE VIEWED AS POSITIVE OR NEGATIVE:

⌘ THREATENING

⌘ DESTABILIZING

-- IT REQUIRES US TO BE FLEXIBLE AND ABLE TO ADAPT AND ADJUST.

-- SOME PEOPLE HAVE MORE DIFFICULTY, FEWER RESOURCES, ETC. THAN OTHERS, MAKING IT HARDER TO DEAL WITH CHANGE AND STRESS.....

⌘ NEITHER GOOD NOR BAD -- JUST SOMETHING THAT IS

⌘ CAN BE VERY POSITIVE AND OFTEN BRINGS ABOUT GROWTH AND STRENGTH FROM ENDURANCE

HOMEOSTASIS:

Psychological Balance Required

(another physical/mental health comparison)

⌘ BEING HUMAN REQUIRES SOME BALANCE AND STABILITY TO FUNCTION OPTIMALLY

The body strives to maintain internal conditions of stability; In 1939, Walter Cannon called this tendency to achieve HOMEOSTASIS; involves physiological processes in the body's mechanism for fighting bacteria and infection and for maintaining normal blood pressure and chemistry

⌘ HOMEOSTASIS HAS A MENTAL-EMOTIONAL DIMENSION:

TOO MUCH STRESS, CHAOS & INSTABILITY CAN THROW ANYONE OFF BALANCE OVER A PERIOD OF TIME....



INTERFERES WITH A QUALITY LIFE AND FULFILLING ONE'S POTENTIAL

Whether we refer to it as a MH Issue, Disorder or Mental Illness, this quote puts into context what it is ultimately about:

⌘ "An illness or disease is **any defect in the structure of our bodies or personalities** (including such things as patterns, habits regarding the way we think, feel and behave) **that prevents us from fulfilling our potential as human beings.**"

⌘ -- M. Scott Peck, M.D., psychiatrist and author of The Road Less Traveled and other books

Alcohol and Other Drugs

⌘ A DRUG is any chemical that modifies the function of living tissues, resulting in a psychological or physical change

⌘ Drug Abuse refers to the use of any chemical substance, whether legal or illegal, in ways that cause physical, mental, emotional or social harm to a person or people close to him or her



REASONS PEOPLE USE AND KINDS OF USERS

⌘ The TWO MOST COMMON Reasons People say they use:

⌘ **TO CHANGE THE WAY THEY FEEL**
(for the better)

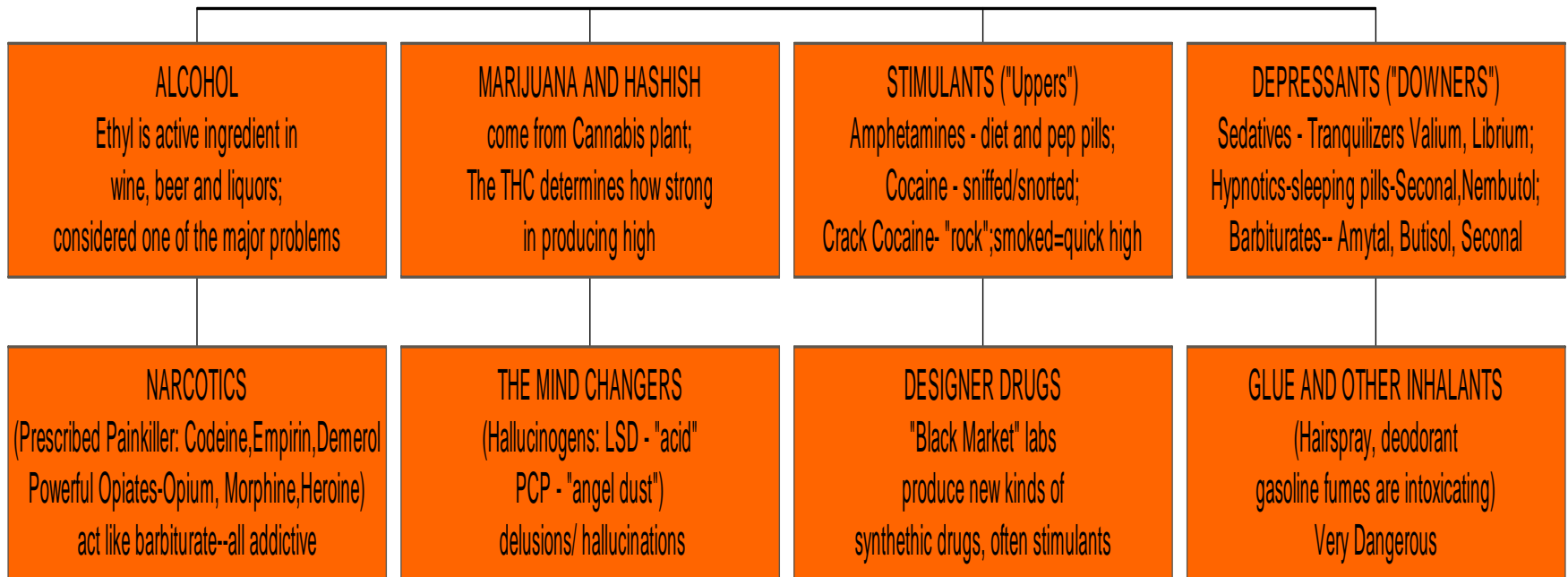
⌘ **TO ESCAPE PROBLEMS**

⌘ National Institute on Drug Abuse/U.S. Health and Human Services; Wisconsin Clearinghouse "Drug and Alcohol Abuse" publications; IMPACT Inc.

- Experimental Users
Those who try drugs once or twice out of curiosity about their effects
- Recreational: People who use drugs to "get high" with friends or at parties, to be sociable or to get into the mood of things
- Regular: When people use drugs constantly to achieve or maintain a desired effect or state; often able to continue normal activities - functional at work, school, doing housework, etc.
- Dependent Users These users experience mental or physical discomfort when they need drugs and will do anything to obtain them; they usually usually relate to everything in life through a drug seeking and drug-taking frame of reference/mentality.

TYPES OF DRUGS

TYPES OF DRUGS; CHARACTERISTICS OF THEM



SOBERING THOUGHTS...



1) **HOW WE NAME SOMETHING IS IMPORTANT**

If something is simply viewed as an illness, some people use their "sickness" as an excuse for inappropriate behaviors. This can impede a return to normal, acceptable behavior (according to Psychiatrist Thomas Szasz & others)

2) **DON'T LABEL BY THE "DISORDER" SOMEONE HAS**

Do not refer to someone as "The manic-depressive;" better to say, "She's affected by manic-depression." Avoid stereotyping on this basis.

3) **BE OPEN TO THE FACT THAT PEOPLE CAN GROW**

Even when someone has been unstable at one point in their lives, it does not mean they won't learn how to handle things differently in the future. Growth is a process that involves ups and downs, progress and setbacks.

4) **REALIZE THAT SOME PEOPLE MAY NEVER CHANGE**

In certain people, there simply may be no interest in taking personal responsibility for one's own life. Maturity requires openness to ongoing learning and growth.

BASIC HUMAN NEEDS

Maslow's Hierarchy of Needs

