

# Serious Mental Illness (SMI)

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BEACON HEALTH OPTIONS

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# Mental Health

- > Refers to the maintenance of successful mental activity
- > Including:
  - > Performing productive daily activities
  - > Maintaining fulfilling relationships with others
  - > Maintaining the ability to adapt to change and
  - > Coping with stresses

# What is Mental Illness?

- > Refers to a wide range of mental health conditions
- > Disorders that affect your:
  - > Mood
  - > Thinking, and
  - > Behavior
- > Affect a person's ability to function in everyday life
- > Examples are:
  - > Anxiety, depression, eating disorders, addictive behaviors

# Symptoms of Mental Illness

- > Having difficulty thinking
- > Problems with attention
- > Extreme emotional highs and lows
- > Problems sleeping

# What is Serious Mental Illness?

## Criteria

- > Person 18 years or older, who meets two (2) additional levels of criteria.
  - Criteria 1 and criteria 2 *or*
  - Criteria 1 and criteria 3
  
- > All three (3) criteria are described on the following pages

# Serious Mental Illness

## Criteria 1

> Currently or at any time in the last year has had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet criteria specified within DSM-IV / DSM-V,

- > With the exception of:
  - > “V” codes
  - > Substance use disorders, and
  - > Developmental disorders

Unless in a co-occurring situation with the above diagnosed mental, behavioral or emotional disorder

# What is Serious Mental Illness?

## Criteria 2 and Criteria 3

- > Criteria 2: Has at least:
  - > Moderate impairment in at least four (4) or
  - > Serious impairment in two (2) or
  - > Extreme impairment in one (1) of the specified areas

OR

- > Criteria 3: Has a duration of illness of at least one year and:
  - > Moderate impairment in at least two (2) or
  - > Serious impairment in one (1) of the specified areas:



# What is Serious Mental Illness?

## CRITERIA 2 AND CRITERIA 3 SPECIFIED AREAS

Area	Description
<b>Feeling, Mood, and Affect:</b>	Uncontrolled emotion is clearly disruptive in its effects on other aspects of a person's life. Marked change in mood. Depression and/or anxiety incapacitates person. Emotional responses are inappropriate to the situation.
<b>Thinking:</b>	Serious impairment in concentration, persistence, and pace. Frequent or consistent interference with daily life due to impaired thinking. Presence of delusions and/or hallucinations. Frequent substitution of fantasy for reality.
<b>Family:</b>	Disruption of family relationships. Family does not function as a unit and experiences frequent turbulence. Relationships that exist are psychologically devastating.
<b>Interpersonal:</b>	Serious inability to establish or maintain a personal social support system. Lacks close friends or group affiliations. Socially isolated.
<b>Role Performance:</b>	Frequent disruption of role performance and individual is unable to meet usual expectations. Unable to obtain or maintain employment and/or conduct daily living chores such as care of immediate living environment.
<b>Socio-legal:</b>	Inability to maintain conduct within the limits prescribed by law, rules, and strong mores. Disregard for safety of others. Destructive to property. Involvement with law enforcement.
<b>Self Care/Basic Needs:</b>	Disruption in the ability to provide for his/her own needs such as food, clothing, shelter, and transportation. Assistance required in obtaining housing, food and/or clothing. Unable to maintain hygiene, diet, clothing, and prepare food.

# Types of Serious Mental Illness

Specific diagnoses that qualify for SMI vary state to state, but might include:

- > Major Depression
- > Schizophrenia
- > Bipolar Disorder
- > Obsessive Compulsive Disorder (OCD)
- > Panic Disorder
- > Posttraumatic Stress Disorder (PTSD), and
- > Borderline Personality Disorder

# Major Depression

## What is it?

- > Classified as a mood disorder, depression is characterized by a pervasive and persistent low mood that is accompanied by low self-esteem and by a loss of interest or pleasure in normally enjoyable activities.
- > Major Depression is a disabling condition that adversely affects a person's family, work or school life, eating and sleeping habits, and general health.
- > Periods of wellness with recurrence of depression can alternate back and forth
- > Multiple factors can increase risk for depression. Depression is more common in people who also have other illnesses.

# Major Depression

## Symptoms

- > Depressed mood
- > Markedly diminished interest or pleasure
- > Significant weight loss or weight gain
- > Insomnia or hypersomnia
- > Psychomotor agitation or retardation
- > Fatigue or loss of energy nearly every day
- > Feelings of worthlessness or guilt
- > Difficulty concentrating or making decisions
- > Recurrent thoughts of death, suicidal ideation, or a suicide attempt

# Major Depression

## Diagnosing

- > A doctor or health care provider should complete a clinical assessment, physical examinations, family history and lab tests.
- > Other illnesses may come on before depression, cause it, or be a consequence of it – a thorough diagnosis needs to be completed
- > Anxiety disorders, such as PTSD, OCD, Panic Disorder, phobias, and Generalized Anxiety Disorder, often accompany depression.
- > Medical illnesses may trigger a depressive episode – a doctor should monitor those with serious medical illnesses such as heart disease, stroke, cancer, HIV/AIDS, diabetes, and Parkinson's disease.
- > Treating the depression can also help improve the outcome of treating the co-occurring illness.

# Major Depression

## Causes

- > Depressive disorders are illnesses of the brain. Brain imaging technologies have shown that the brains of those with depression look different than those of people without depression.
  - Brain imaging cannot be used to diagnose depression nor does it reveal why the depression occurred.
- > Depressive episodes are strongly correlated with adverse events
  - Coping style and personality may correlate to a person's resilience and timeline to remission.
- > There is some evidence to support a genetic factor in depression – i.e. families with a history of depression are more likely to develop depressive symptoms/disorders

# Major Depression

## Treatments

### > Psychotherapy

- > Talking with a licensed professional

### > Medication

- > Anti-depressants can fix imbalances in the brain

### > Electro-Convulsive Therapy (ECT)

- > An electric current passes through the brain causing a small seizure
- > This can change the brain's chemistry and reverse the symptoms of depression

# Schizophrenia

## What is it?

- > Classified as a psychotic disorder, schizophrenia is a chronic, severe, and disabling brain disorder.
- > Characterized by a distortion of the way the person thinks, acts, expresses emotions, perceives reality, and relates to others.
- > Causes significant problems in social, work, school and relationship functioning.
- > Typically manifesting in young adulthood, schizophrenia is a lifelong disease that cannot be cured but has been shown to be managed and controlled with proper treatment.



# Schizophrenia

## Symptoms: Positive

*Added symptoms; symptoms most individuals do not normally have but are present in those with schizophrenia:*

- > **Hallucinations** – things that a person sees (shadows or someone following them), hears (voices telling the person things), smells (strange odors), tastes (funny taste in the mouth) or feels (bugs crawling on the skin) that others do not.
- > **Delusions** – a strongly held false belief held by a person despite evidence to the contrary (people can hear thoughts, people are out to get them, they are God or the devil)
- > **Thought Disorders** – unusual or dysfunctional way of thinking (trouble organizing thoughts, difficulty talking, shifting thoughts while talking, meaningless word usage)
- > **Movement Disorders** – agitated or repetitive body movement or catatonia (a person does not move/respond)

# Schizophrenia

## Negative symptoms

*Symptoms that are lacking from what most individuals have; deficits to normal processes:*

- > Lack of emotionality or a very limited range of emotions
  - > Withdrawal from family, friends, activities
  - > Reduced energy
  - > Reduced speech
  - > Lack of motivation
  - > Loss of pleasure or interest in activities
  - > Poor hygiene and/or grooming
- 
- > People with negative symptoms need assistance with everyday tasks
  - > Negative symptoms are harder to recognize as part of a disorder (especially due to onset on or near adolescence)
  - > Negative symptoms can be mistaken for a depressive disorder or other mental health diagnosis.

# Schizophrenia

## Symptoms: Cognitive

*Pertain to changes in the individual's thinking process:*

- > Trouble with prioritizing tasks, memory and organizing thoughts.
  - > Anosognosia or “lack of insight” being unaware of having an illness.
  - > Poor executive functioning – inability to understand information and use it to make decisions
  - > Trouble focusing or paying attention
  - > Difficulty with working memory – the ability to use information immediately after learning it
- 
- > Cognitive symptoms often cause great emotional distress as they make it very difficult for the individual to do daily life activities and be independent

# Schizophrenia

## Diagnosing

- > Initial evaluation is based on the self-reported experiences of the individual as well as abnormalities in behavior reported by family, friends, and co-workers
- > A doctor or health care provider should complete a clinical assessment, physical examinations, family history and lab tests
- > Schizophrenia cannot currently be identified through a specific objective test, blood testing or a brain scan.
- > Two diagnostic criteria have to be met over 1 month period with significant impact on social or occupational functioning for at least 6 months (at least one positive symptom)
- > If symptoms present more than one month but less than six months, Schizophreniform diagnosis may be used.
- > Schizoaffective Disorder may be used for mood disorder present alongside psychotic symptoms

# Schizophrenia

## Causes

### *Genetic*

- > The greatest risk for developing schizophrenia is having a first-degree relative with the disorder.
- > Likely many genes involved – overlap of genetics of schizophrenia and bipolar disorder

### *Environment*

- > Living environment – living in an urban environment during childhood or as an adult increases risk of schizophrenia
- > Drug use – identified as a contributory factor in schizophrenia but cannot cause it alone. Early brain exposure to cannabis increases risk of schizophrenia.
- > Prenatal stressors – hypoxia and infection, or stress and malnutrition in the mother during fetal development may result in an increased risk. Increased exposure to virus in utero increases risk.

# Schizophrenia

## Treatments

- > Schizophrenia is a lifelong illness – therefore, long-term continuous treatment is needed to control symptoms effectively.
- > Treatments focus on eliminating the symptoms of the disease to decrease the chance of relapse
- > An effective treatment plan typically includes medication and psychotherapy to prevent relapse and reduce the severity of symptoms.

# Bipolar Disorder

## What is it?

- > Categorized as a mood disorder, individuals with bipolar disorder experience episodes of an elevated or agitated mood known as mania alternating with episodes of depression.
- > These disorders range from bipolar I disorder, featuring full-blown manic episodes, to cyclothymic, featuring less prominent hypomanic episode to “sub-syndromal” conditions where only some of the criteria for mania or hypomania are met
- > Bipolar disorder can vary:
  - Some people experience one episode of mania, abnormally elevated or irritable mood and/or energy, or more than one episode over time.
  - Other people may have periods of depression with periods of mania, that may or may not re-occur throughout their lifetime.

# Bipolar Disorder

Symptoms: Manic Episode

## > Mood Changes

- > A long period of feeling “high” or an overly happy or outgoing mood
- > An extremely irritable mood, agitated, feeling “jumpy” or “wired”

## > Behavioral Changes

- > Talking very fast, jumping from one idea to the other, racing thoughts
- > Easily distracted
- > Restlessness
- > Sleeping very little
- > Unrealistic beliefs in ones abilities
- > Impulsivity and/or taking part in high-risk activities



# Bipolar Disorder

## Symptoms: Depressive Episode

### > Mood Changes

- > A long period of feeling empty or worried
- > Loss of interest in activities once enjoyed

### > Behavioral Changes

- > Feeling tired or “slowed down”
- > Difficulty with concentration or memory
- > Changes in eating and sleeping
- > Thoughts of death or suicide

# Bipolar Disorder

## Diagnosing

- > To be diagnosed with bipolar disorder, the symptoms presented must be a major change from a person's normal mood or behavior.
- > There are four basic types of bipolar disorder:
  - Bipolar I
  - Bipolar II
  - Bipolar Disorder Not Otherwise Specified (BP-NOS)
  - Cyclothymic Disorder
- Initial evaluation is based on the self-reported experiences of the individual as well as abnormalities in behavior reported by family, friends, and co-workers
- A doctor or health care provider should complete a clinical assessment, physical examinations, family history and lab tests
- Bipolar disorder cannot currently be identified through a blood test or a brain scan, but they can help rule out other factors contributing to the disorder such as a stroke or brain tumor.
- There are several other mental disorders which may involve similar symptoms to bipolar disorder, including schizophrenia, ADHD, and some personality disorders.
- People with Bipolar disorder are more likely to seek help when they are in a depressive episode, rather than a manic or hypomanic episode. It is important to get a full medical history to differentiate between Major Depressive Disorder and Bipolar Disorder.

# Bipolar Disorder

## Causes

- > Family history of Bipolar Disorder increase likelihood of developing Bipolar Disorder
  - > Certain genes are more likely to develop Bipolar Disorder than others
  - > Many genes at play
- > Abnormalities in the structure and/or function of certain brain circuits could underlie Bipolar Disorders.
- > A third to one half of adults diagnosed with Bipolar Disorder report traumatic/abusive experiences in childhood.
  - > This also associates to earlier onset, increase in severity of symptoms, and increased likelihood of co-occurring disorders

# Bipolar Disorder

## Treatments

- > Bipolar is a lifelong illness – therefore, long-term continuous treatment is needed to control symptoms effectively.
- > An effective treatment plan typically includes medication and psychotherapy to prevent relapse and reduce the severity of bipolar symptoms.
- > Medications include:
  - > Mood stabilizing medications (usually the first choice)
    - > Many are anticonvulsants which help to control moods.
  - > Atypical antipsychotic medications (often taken with other medications)
    - > Used to treat symptoms of bipolar disorder.
  - > Antidepressant medications (sometimes used to treat symptoms of depression in bipolar disorder.)
    - > Taking this requires taking a mood stabilizer as well to prevent a person from switching from depression to mania.
- > Psychotherapy includes:
  - > Cognitive behavioral therapy (CBT)
  - > Family-focused therapy
  - > Interpersonal and social rhythm therapy
  - > Psycho-education

# Obsessive Compulsive Disorder (OCD)

## What is it?

- > Characterized by unreasonable thoughts and fears (obsessions) that lead a person to repetitive behaviors (compulsions)
  - > It is possible to be obsessive without compulsions or to have compulsions only
- > The person may or may not realize that the obsession(s) is unreasonable
  - > They may try to ignore them
    - > But this often increases the anxiety
    - > The person is ultimately *driven* to perform compulsive acts to ease the anxiety

# Obsessive Compulsive Disorder (OCD)

## Symptoms: Obsessions

- > Often based on themes
- > Fear of being contaminated:
  - > fear or shaking hands or touching objects that others have touched
- > Needing to have things orderly and/or symmetrical:
  - > Intense stress when objects aren't orderly or facing a certain way
- > Aggressive or horrific thoughts of harming oneself or others
  - > Images of hurting oneself or others
- > Unwanted thoughts including: aggression, sexual or religious subjects
  - > Thoughts about shouting obscenities
  - > Distress about unpleasant images repeating in one's head

# Obsessive Compulsive Disorder (OCD)

## Symptoms: Compulsions

- > Often based on themes
- > Washing / cleaning
  - > Hand washing until skin is raw
- > Counting
  - > Counting in certain patterns
- > Checking
  - > Checking doors repeatedly to ensure they are locked
- > Following a strict routine
  - > Silently repeating a prayer, phrase or word
- > Orderliness
  - > Arranged items in a cabinet in a certain way

# Obsessive Compulsive Disorder (OCD)

## Diagnosing

- > A doctor or health care provider should complete a clinical assessment, physical examinations, family history and lab tests
- > General criteria includes:
  - > The individual must have either obsessions or compulsions or both.
  - > The individual may or may not realize that the obsessions and compulsions are excessive or unreasonable.
  - > Obsessions and compulsions are significantly time-consuming and interfere with daily routine and social or work functioning.
- > Obsessions must meet these criteria:
  - > Recurrent, persistent and unwelcome thoughts, impulses or images are intrusive and cause distress.
  - > The individual tries to ignore these thoughts, images or impulses or to suppress them with compulsive behaviors.
- > Compulsions must meet these criteria:
  - > Repetitive behavior that the individual feels driven to perform, such as hand-washing, or repetitive mental acts, such as counting silently.
  - > The individual tries to neutralize obsessions with another thought or action.
  - > These behaviors or mental acts are meant to prevent or reduce distress, but they are excessive or not realistically related to the problem they're intended to fix.



# Obsessive Compulsive Disorder (OCD)

## Causes

### > **Biology**

- > OCD may be a result of changes in the body's own natural chemistry or brain functions.
- > OCD may also have a genetic component, but specific genes have yet to be identified.

### > **Environment**

- > Some environmental factors such as infections are suggested as a trigger for OCD, but more research is needed to be sure.

# Obsessive Compulsive Disorder (OCD)

## Treatments

- > Treatment may not result in a cure, but can assist in controlling symptoms
- > Psychotherapy:
  - > Exposure and Response Prevention (ERP)
    - > This can take place in individual, family or group sessions
- > Medications:
  - > Anti-depressants are typically used first
  - > Additional medications may be prescribed off label to treat

# Panic Disorder

## What is it?

- > Recurrent, unexpected panic attacks and long periods spent in constant fear of another attack
- > A Panic attack is a sudden episode of intense fear that triggers severe physical reactions when there is no real danger or apparent cause
- > Can significantly affect a person's quality of life

# Panic Disorder

## Symptoms

- > Symptoms of a panic attack typically peak within 10 minutes of an occurrence and can include:
  - > Sense of impending doom or danger
  - > Fear of loss of control or death
  - > Rapid heart rate
  - > Sweating
  - > Trembling
  - > Shortness of breath
  - > Hyperventilation
  - > Chills
  - > Hot flashes
  - > Nausea
  - > Abdominal cramping
  - > Chest pain
  - > Headache
  - > Dizziness
  - > Faintness
  - > Tightness in your throat
  - > Trouble swallowing

# Panic Disorder

## Diagnosing

- > A doctor or health care provider should complete a clinical assessment, physical examinations, family history and lab tests
- > To be diagnosed with panic disorder, the following criteria spelled out in the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association must be met:
  - > Frequent, unexpected panic attacks.
  - > At least one of the attacks has been followed by one month or more of ongoing worry about having another attack; ongoing fear of the consequences of an attack, such as losing control, having a heart attack or "going crazy" or significantly changing your behavior, such as avoiding situations that may trigger a panic attack.
  - > The panic attacks aren't caused by substance abuse, a medical condition or another mental health condition, such as social phobia or obsessive compulsive disorder.
- > For some people, panic disorder may include agoraphobia — avoiding places or situations that cause anxiety because the fear of not being able to escape or get help if a panic attack happens.

# Panic Disorder

## Causes

- > It's not known what causes panic attacks or panic disorder, but these factors may play a role:
  - > Genetics
  - > Major stress
  - > Temperament that is more susceptible to stress
  - > Certain changes in the way parts of your brain function
- > Symptoms of panic disorder often start in the late teens or early adulthood and affect more women than men

# Panic Disorder

## Treatments

### > Psychotherapy

- > Cognitive behavioral therapy

### > Medications

- > Selective serotonin reuptake inhibitors (SSRIs)
- > Serotonin and norepinephrine reuptake inhibitors (SNRIs)
- > Benzodiazepines

# Posttraumatic Stress Disorder (PTSD)

## What is it?

- > Individuals with PTSD develop symptoms related to exposure to one or more traumatic events, such as sexual assault, serious injury, or threat of death
- > Symptoms exist in three categories including re-experiencing, avoidance and emotional numbing, and increased arousal
- > Not all people who experience traumatic events or who are exposed to violence will develop PTSD



# Posttraumatic Stress Disorder (PTSD)

## Symptoms

- > There are three categories of symptoms associated with PTSD:
  - > Re-experiencing symptoms
    - > Flashbacks
    - > Nightmares/Bad Dreams
    - > Memories/Recollections
  - > Avoidance symptoms
    - > Staying away from places, events, objects that are reminders of the event
    - > Feeling emotionally numb
    - > Feeling strong guilt, depression, or worry
    - > Losing interest in activities that were enjoyable in the past
    - > Having trouble remembering the dangerous event
  - > Hyperarousal symptoms
    - > Increased startle response
    - > Hyper vigilance – sensory sensitivity (high responsiveness to stimuli)
      - > Perpetual scanning of the environment for threats
    - > Feeling tense or “on edge”
    - > Difficulty falling or staying asleep
    - > Angry outbursts
    - > Difficulty concentrating

# Posttraumatic Stress Disorder (PTSD)

## Diagnosing

- > Initial evaluation is based on the self-reported experiences of the individual as well as abnormalities in behavior reported by family, friends, and co-workers
- > A doctor or health care provider should complete a clinical assessment, physical examinations, family history and lab tests
- > Standardized tests have been developed including the Trauma Screening Questionnaire and the PTSD Symptoms Scale.
- > Symptoms have to begin within 3 months of the traumatic incident
- > Symptoms must last for more than a month to be considered PTSD (alternate diagnosis Acute Stress Disorder covers the more short term symptomology)

# Posttraumatic Stress Disorder (PTSD)

## Diagnosing

- > To be diagnosed, an individual must have all of the following:
  - > At least one re-experiencing symptom
  - > At least three (3) avoidance symptoms
  - > At least two (2) hyperarousal symptoms
- > PTSD is considered Acute if lasting less than three (3) months, Chronic if persisting for three (3) months or more
- > PTSD has a delayed onset specification for those symptoms that occur after six (6) months from the time of the incident

# Posttraumatic Stress Disorder (PTSD)

## Causes

- > A complete “cause” is still unknown, but PTSD is caused by a complex mix of:
  - > Inherited mental health risks, such as an increased risk of anxiety and depression
  - > Life experiences, including the amount and severity of trauma an individual has experienced since early childhood
  - > Inherited aspects of one’s personality
  - > The way the brain regulates the chemicals and hormones the body releases in response to stress

# Posttraumatic Stress Disorder (PTSD)

## Treatments

- > Psychotherapy, medications, or some combination of the two (2) are the most advocated methods of treating PTSD
- > Psychotherapy
  - > Cognitive Behavioral Therapy (CBT)
  - > Eye Movement Desensitization and Reprocessing (EMDR).
- > Medications
  - > Sertraline (Zoloft)
  - > Paroxetine (Paxil)

# Borderline Personality

## What is it?

- > A mental health disorder that generates significant emotional instability
- > An individual may have a severely distorted self-image and feel worthless and fundamentally flawed
  - > They may experience anger, impulsiveness and frequent mood swings due to this

# Borderline Personality

## Symptoms

- > Signs and symptoms of borderline personality disorder may include:
  - > Impulsive and risky behavior, such as risky driving, unsafe sex, gambling sprees or illegal drug use
  - > Awareness of destructive behavior, including self-injury, but sometimes feeling unable to change it
  - > Wide mood swings
  - > Short but intense episodes of anxiety or depression
  - > Inappropriate anger and antagonistic behavior, sometimes escalating into physical fights
  - > Difficulty controlling emotions or impulses
  - > Suicidal behavior
  - > Feeling misunderstood, neglected, alone, empty or hopeless
  - > Fear of being alone
  - > Feelings of self-hate and self-loathing

# Borderline Personality

## Diagnosing

- > Personality disorders are diagnosed based on:
  - > Thorough interview with your doctor or mental health provider
  - > Psychological evaluation
  - > Complete clinical history
  - > Signs and symptoms
- > For borderline personality disorder to be diagnosed, at least five (5) of the following signs and symptoms must be present:
  - > Intense fear of abandonment
  - > Pattern of unstable relationships
  - > Unstable self-image or sense of identity
  - > Impulsive and self-destructive behaviors
  - > Suicidal behavior or self-injury
  - > Wide mood swings
  - > Chronic feelings of emptiness
  - > Anger-related problems, such as frequently losing your temper or having physical fights
  - > Periods of paranoia and loss of contact with reality
- > A diagnosis of borderline personality disorder is usually made in adults, not in children or teenagers.
  - > That's because what appear to be signs and symptoms of borderline personality disorder may go away as children get older and become more mature.



# Borderline Personality

## Causes

Factors that seem likely to play a role include:

### > **Genetics**

- > Some studies of twins and families suggest that personality disorders may be inherited or strongly associated with other mental disorders among family members.

### > **Environmental factors**

- > Many people with borderline personality disorder have a history of childhood abuse, neglect and separation from caregivers or loved ones.

### > **Brain abnormalities**

- > Some research has shown changes in certain areas of the brain involved in emotion regulation, impulsivity and aggression.
- > In addition, certain brain chemicals that help regulate mood, such as serotonin, may not function properly.

# Borderline Personality

## Treatments

- > Borderline personality disorder treatment may include psychotherapy, medications or hospitalization.
- > Psychotherapy
  - > Dialectical behavior therapy (DBT)
  - > Cognitive behavioral therapy (CBT)
  - > Mentalization-based therapy (MBT)
  - > Schema-focused therapy (SFT)
  - > Transference-focused psychotherapy (TFP)
- > Medications
  - > Medications can't cure borderline personality disorder, but they can help associated co-occurring clinical problems, such as depression, impulsiveness and anxiety.
  - > Medications may include antidepressants, antipsychotics and anti-anxiety drugs

# Ensuring Culturally Competent Treatment

## This To Remember When Speaking To Or Treating Members

- > Treat the member with respect
- > Provide enrollee-centered services
  - > Use Person-centered planning methods
- > Create recovery-focused goals
- > Educate the member
- > Help the member be as independent as possible
  - > Assist the member in self-management methods

# Ensuring Culturally Competent Treatment

## Also Keep In Mind

- > Enrollee's culture
  - > The impact that these cultural norms will have in their
    - > adherence to treatment
    - > barriers to treatment
- > Enrollee's belief system
  - > How do they feel about seeking care?
- > Language
  - > Speak in terms the enrollee understands
  - > Determine if there is a language barrier and seek interpreter assistance if necessary

# Summary

- > Serious Mental Illness relates to a range of different mental health conditions
- > To successfully treat these conditions, the physical, mental and behavioral symptoms must be addressed
- > Communication between Physical and Mental health providers needs to occur when a patient is experiencing any of these conditions