
MH 101: Overview of Serious Mental Illness / Emotional Behavioral Disorders



**DEPARTMENT OF
HEALTH**

AND HOSPITALS

OFFICE OF BEHAVIORAL HEALTH

Disclaimer

- The content of this training should not be relied upon for diagnosis or treatment of a mental health condition.
- Resources listed in this document do not constitute an endorsement, nor are these resources exhaustive. Nothing is implied by inclusion or when a resource is not referenced.

Learning Objectives

- To understand the differences between Serious Mental Illness (SMI) and Emotional/Behavioral Disorders (EBD)
- To understand causes/factors that may lead to the development of SMI/EBDs
- To identify specific needs of individuals with SMI / EBD
- To identify the Louisiana Behavioral Health Partnership (LBHP)/Coordinated System of Care (CSoC)

Serious Mental Illness (SMI)



Define Serious Mental Illness (SMI)

“ . . . individuals who, through no fault of their own or their families, suffer from one of several diseases affecting the brain, the most complex of human organs. The causes remain unknown, but are probably multiple.”

Source: <http://www.state.sc.us/dmh/clinical/chronic.htm>

Define Serious Mental Illness (SMI)

*“In addition to having a brain disease, people with serious mental illness are (by definition) significantly functionally impaired by the illness for an indefinite period of time (**diagnosis, disability, duration**)...The problems of victims and their families are compounded by stigma...”*

Source: <http://www.state.sc.us/dmh/clinical/chronic.htm>

SMI includes:

- Major Depression
- Schizophrenia
- Bipolar Disorder
- Obsessive Compulsive Disorder (OCD)
- Panic Disorder
- Post Traumatic Stress Disorder (PTSD)
- Borderline Personality Disorder (BPD)



**The good news about mental illness
is that “Recovery” is possible.**

Who does mental illness affect?

*“... persons of any age, race, religion, or income. Mental illnesses are not the result of personal weakness, lack of character or poor upbringing. Mental illnesses are treatable. Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an **individual treatment plan.**”*

Source:

[http://www.nami.org/Content/NavigationMenu/Inform Yourself/About Mental Illness/About Mental Illness.htm](http://www.nami.org/Content/NavigationMenu/Inform%20Yourself/About%20Mental%20Illness/About%20Mental%20Illness.htm)

Current Statistics

- About **6 percent**, or 1 in 17 Americans, live with a serious mental illness.
- The U.S. Surgeon General reports that **10 percent of children and adolescents** in the United States suffer from serious emotional and mental disorders.
- The economic cost of untreated mental illness is **more than 100 billion dollars each year** in the United States.

Source:

http://www.nami.org/Content/NavigationMenu/Inform_Yourself/About_Mental_Illness/About_Mental_Illness.htm

Current Statistics

- **Between 70-90 percent of individuals** have significant reduction of symptoms and improved quality of life with a combination of pharmacological and psychosocial treatments and supports.
- **With appropriate effective medication and a wide range of services tailored to their needs, most people who live with serious mental illnesses can significantly reduce the impact of their illness and find a satisfying measure of achievement and independence.**

Source:

http://www.nami.org/Content/NavigationMenu/Inform_Yourself/About_Mental_Illness/About_Mental_Illness.htm

Symptoms of SMI

- Distorted perceptions; loss of contact with reality
 - Delusions
 - Hallucinations
- Disordered, disorganized and confused thinking
- Unstable and inappropriate emotions
- Bizarre behavior; impaired judgment
- Vulnerability to certain kinds of stress
- Extreme dependency (sometimes combined with hostility)
- Difficulty with interpersonal relationships
- Deficient coping skills



“Common” reactions to SMI

- General stress response ("fight, flight, fright")
- Grief; denial and impatience (lack of acceptance)
- Anger and striking out
- Guilt and self-blame
- Depression; hopeless, helpless feelings; demoralization
- Regression to earlier levels of functioning
- Preoccupation with "self" (apparent disinterest in others)
- Interruption of normal development (immaturity)



In general, these individuals need:

- **INDIVIDUALIZED** treatment
- **CONTINUITY** of care (includes continuity of relationships with staff as well as smooth transition between, and coordination among, programs and treatment components)
- **PSYCHOEDUCATION** about the illness and its treatment



In general, these individuals need:

- Safe and comfortable **SURROUNDINGS** with adequate privacy and desired amount of contact with others
- Contingency **PLANS** for crises



The Bio-Psycho-Social Approach

- **BIOLOGICAL NEEDS**
- **PSYCHOLOGICAL NEEDS**
- **SOCIAL NEEDS**



Slide 15

BKK10

Seems to be a jump in ideas and seems confusing. Tend to get lost as you read following slides. I know all slides are connected but not clearly demonstrated in this section. Consider a slide to tie or link these.

Brian K Knight, 1/11/2012

Biological Needs

- Psychiatric care with appropriate **MEDICATION** by a physician (and treatment team) who understand serious mental illness and its treatment
- Careful **MONITORING** of intended effects and side effects of prescribed medication
- Identification of **NEW** physical and mental/emotional problems as they surface
- Attention to **BOTH** active and deficit symptoms

Biological Needs

- **ELIMINATION OF TOXIC CHEMICALS** and unnecessary drugs (alcohol, caffeine, marijuana, "cold" medicine, etc.)
- **EARLY DETECTION** of warning signs and "danger signals"--symptom monitoring by consumer and others
- Adequate **REST** and some form of regular, planned and/or aerobic **EXERCISE**
- A balanced, nutritional **DIET**

Psychological Needs

- A therapeutic **ALLIANCE** with a person (or "team") which involves "titrated" support (varying degree of support depending on need), respect, reality orientation
- Dealing with **"NORMAL" REACTIONS** to serious illness (listed above)
- Being actively, comfortably and **USEFULLY BUSY**

Slide 18

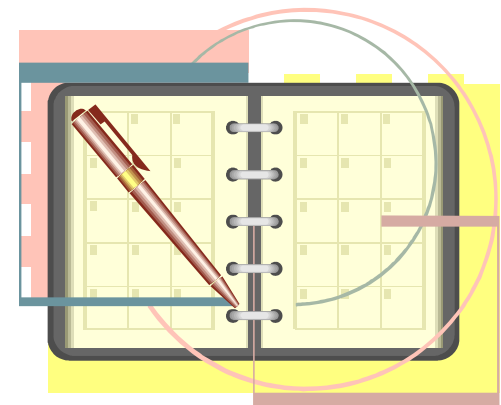
BKK11

Very technical

Brian K Knight, 1/11/2012

Psychological Needs

- A **BALANCE** between over- and under-stimulation (everyone has a "window" of optimal stimulation; this tends to be constricted in serious mental illness)
- A **RELAXED** atmosphere
- A regular daily **ROUTINE** (including evenings, weekends and holidays)



Slide 19

BKK12

seems technical

Brian K Knight, 1/11/2012

Psychological Needs

- Replacing inappropriate behavior with **RESPONSIBLE ADULT BEHAVIOR** (behavioral approach using natural consequences done in an empathic and supportive way)
- Minimization of impairment; emphasis on strengths; **INDEPENDENCE AS TOLERATED**
- If alcohol/drug use a problem, appropriate attention to dependencies should be integrated with other treatment.

Social Needs

- Learning "**SURVIVAL SKILLS**"; psychosocial and occupational rehabilitation
- **COMMUNICATION** and **PROBLEM SOLVING** skills for individual served and significant others
- Construction of supportive **SOCIAL NETWORK**; prevent or reverse social breakdown syndrome
- Instrumental **HELP WITH DAILY LIVING** (money management, transportation, housing, etc.)

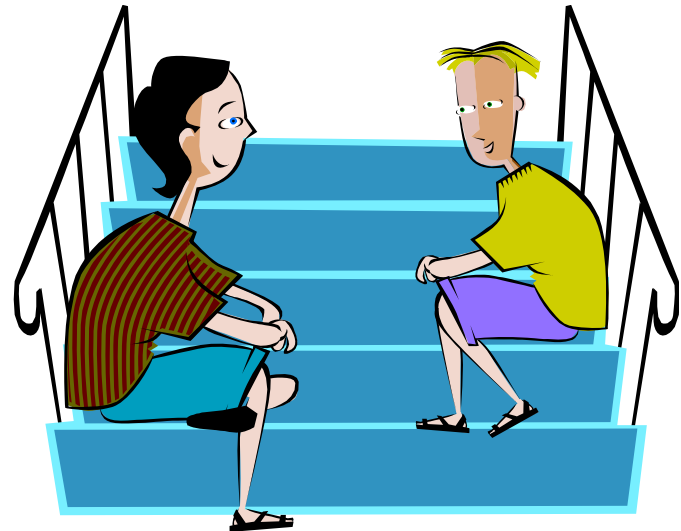
Slide 21

BKK13

Now we are leaving SMI to address EBD. Another jump in ideas. Are we talking about kids now? or emotional and behavioral needs of kids AND adults? etc..? should more clear

Brian K Knight, 1/11/2012

Emotional / Behavioral Disorders (EBD)



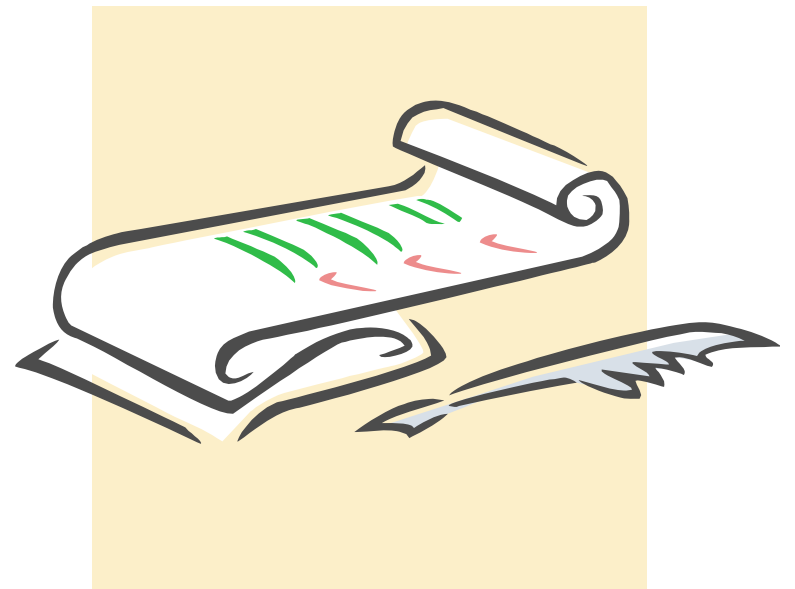
What is an Emotional/Behavioral Disorder (EBD)?

“A child is said to have a specific ‘diagnosis’ or ‘disorder’ when his or her behaviors occur frequently and are severe. A diagnosis represents a ‘best guess’ based on a child’s behaviors that he or she has a specific mental health disorder and not just a problem that all children might have from time to time.”

Source: <http://www.pacer.org/parent/php/PHP-c81.pdf>

Groups of EBD

- **Externalizing behaviors**
 - Hyperactivity (ADHD)
 - Aggression (Conduct Disorder, Oppositional Defiant Disorder)
 - Delinquency
- **Internalizing behaviors**
 - Anorexia or Bulimia
 - Depression
 - Anxiety
- **Low Incidence Disorders**
 - Schizophrenia



Slide 24

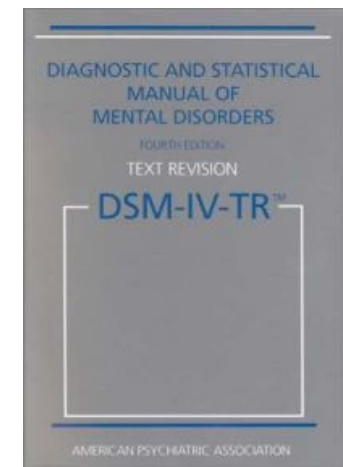
BKK14

Again technical and may not be appropriate for some members of the viewing audience.

Brian K Knight, 1/11/2012

Common EBD

- Adjustment Disorders
- Anxiety Disorders
- Obsessive-Compulsive Disorders (OCD)
- Post-Traumatic Stress Disorder (PTSD)
- Attention Deficit/Hyperactivity Disorder (ADHD)
- Oppositional Defiant disorder (ODD)
- Conduct Disorder



The term “behavior disorder” ...

is currently and more frequently being used by many professionals/parents because:

- It has greater utility for education than does the term seriously emotionally disturbed.
- It is not associated exclusively with any particular theory of causation and therefore with any particular set of intervention techniques.
- It affords a more comprehensive assessment of the population.
- It is less stigmatizing than the term serious emotional disturbance.
- It is more representative of the students who are disabled by their behavior.

Source: <http://www.slc.sevier.org/emoclass.htm>

Factors associated with EBD

- BIOLOGICAL FACTORS
- ENVIRONMENTAL FACTORS
- FAMILY
- SCHOOL
- SOCIETY

Source: <http://www.slc.sevier.org/emoclass.htm>



Biological Factors

“There is growing evidence that behavior and emotional health appears to be influenced by genetic, neurological, or biochemical factors, singly or in combination. However, even when a clear biological impairment exists, no one has been able to say with certainty whether the physiological abnormality actually causes the behavior problem or is just associated with it in some unknown way.”

Source: <http://www.slc.sevier.org/emoclass.htm>

Biological Factors

There are several disorders that have been related to a biological basis. Among the most common of these disorders are Tourette's Disorder, Attention Deficit Hyperactivity Disorder, Obsessive Compulsive Disorder and depression. In addition, a group of children have recently emerged whose behavior and learning are biologically related to prenatal exposure to drugs and alcohol.

Biological Factors

Infants who have been prenatally exposed to drugs and alcohol are at risk for physical and behavioral/emotional problems. According to Williams and Howard (1993), these children demonstrate a marked failure to adapt to the environment; difficulties in appropriate interaction with caregivers; and, problems in language, learning and motor skills.



Environmental Factors

Environmental factors are considered important in the development of emotional and behavioral disorders in all conceptual models. However, professionals and researchers view what behavior is important and how it is analyzed differently.

Further research supports contention that these causal factors

- (a) an adverse early rearing environment
- (b) an aggressive pattern of behavior displayed on entering school
- (c) social rejection by peers

operate in temporal sequence. The family or school and society environments have influence on the behavior of individuals.



Family Factors

The relationship children have with their parents, particularly during the early years, is critical to the way they learn to act. Interactions between parents and their child influences the child's opinions, behaviors and emotions. One factor associated with emotional problems is child abuse. Child abuse may result in poor impulse control and poor self-concepts. Aggression and anger are often noticed in children who have been abused.



School Factors

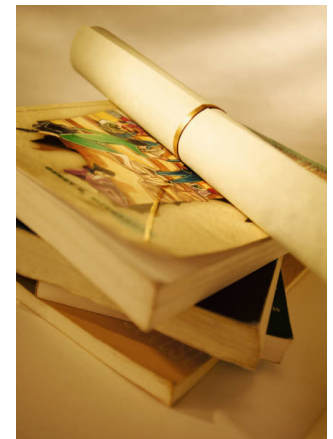
School is where children spend the largest portion of their time outside the home. Teacher expectations and actions greatly affect a student's life and behavior.



School Factors

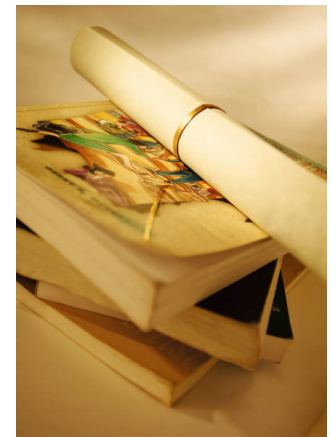
Academic Characteristics of children with EBD:

- Disrupts classroom activities
- Impulsive
- Inattentive, distractible
- Preoccupied
- Does not follow or appear to care about classroom rules
- Poor concentration
- Resistance to change and transitions in routines
- Often speaks out with irrelevant information or without regard to turn taking rules



School Factors

- Demonstrates aggressive behavior
- Intimidates and bullies other students
- Regularly absent from school
- consistently blames others for their dishonesty
- Low self esteem
- Difficulty working in groups
- Demonstrate self injurious behavior
- Can not apply social rules related to others personal space and belongings
- Often manipulative of situations



Society Factors

Societal problems can impact on a student's emotional and behavioral status. An impoverished environment, including poor nutrition, a disrupted family and a sense of frustration and hopelessness may lead to aggressive, acting-out behaviors.



Best Practices for working with children who have an EBD

- **Develop** consistent behavioral expectations.
- **Involve** the student in setting academic and personal goals.
- **Engage** in role playing situations.
- **Communicate** with parents so that strategies are consistent at home and school.
- **Set limits** and boundaries.
- **Apply** established consequences immediately, fairly and consistently.



Best Practices for working with children who have an EBD

- **Acknowledge and reinforce** acceptable behavior.
- **Avoid** confrontation and power struggles.
- **Provide** a highly structured classroom environment.
- **Clearly** post rules and expectations.
- **Establish** a quiet cool off area.
- **Provide and teach** opportunities for the student to use self control/self monitoring techniques to control behavior.



Best Practices for working with children who have an EBD

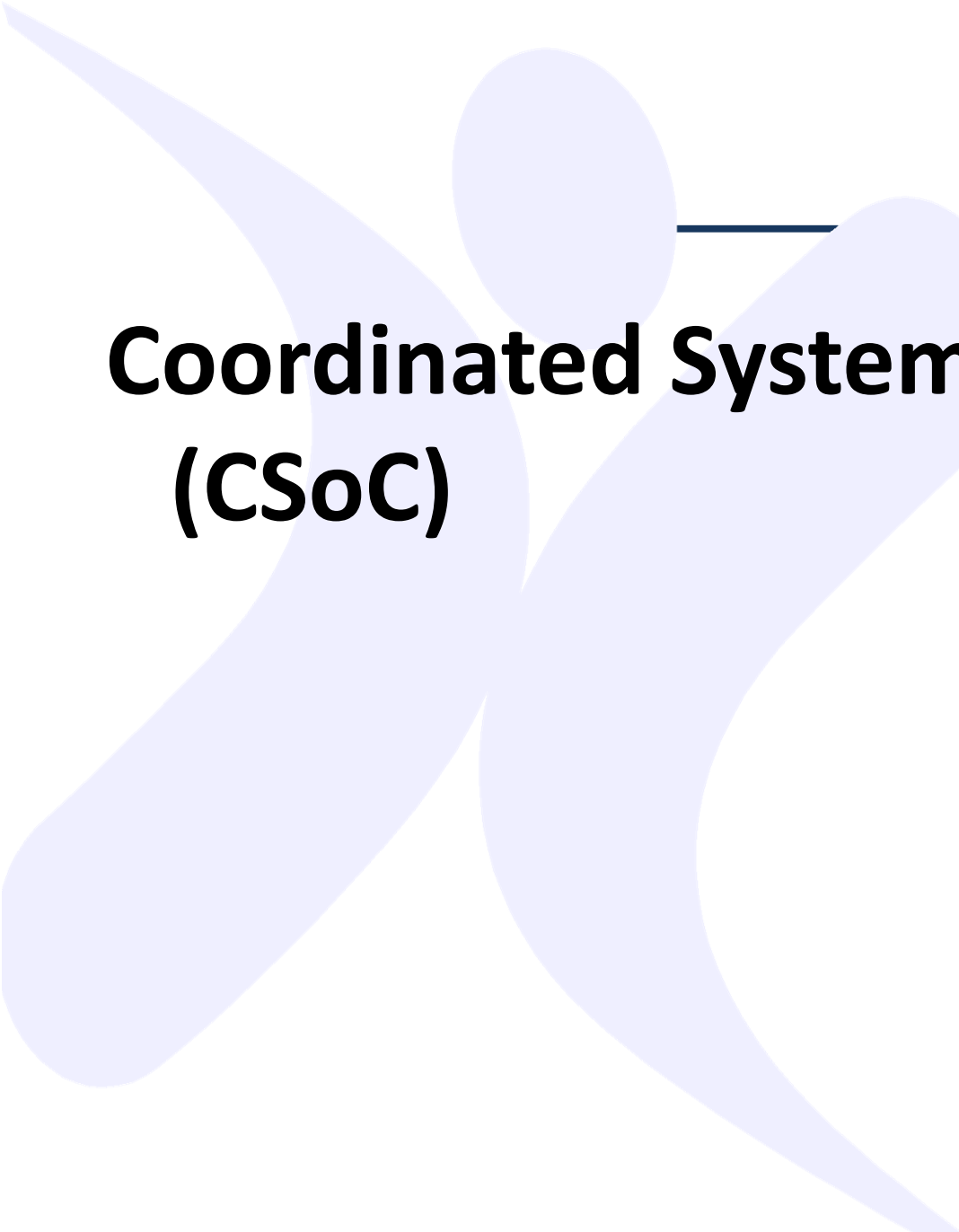
- **Teach** self talk to relieve stress and anxiety.
- **Teach and provide** time for relaxation techniques.
- **Establish** cues as reminders for inappropriate behavior.
- **Redirect** to avoid situations that may increase anxiety levels.
- **Remain calm and aware** of your body language when addressing the student.



Best Practices for working with children who have an EBD

- **Provide** a positive and encouraging classroom environment.
- **Use** a study carrel.
- **Use** visually stimulating material for assignments/learning presentations.
- **Use** specialized technology and software.
- **Develop** and use behavior contracts.
- **Give** frequent feedback.



A large, light blue, stylized graphic of a human figure in a dynamic, slightly twisted pose, positioned behind the main text. A horizontal dark blue line is located above the text.

Coordinated Systems of Care (CSoC)

Coordinated System of Care (CSoC)

- The State of Louisiana is developing a **Coordinated System of Care (CSoC)** for Louisiana's at-risk children and youth with significant behavioral health challenges or co-occurring disorders that are in or at imminent risk of out of home placement.
- The current system does not allow for multiple state agencies that may all be providing different or even similar services to coordinate an approach to deliver the most effective and necessary behavioral health services.



Coordinated System of Care (CSoC)

- The **CSoC** is an initiative of Governor Jindal and is being directed by executives of the Department of Children & Family Services (DCFS), the Department of Education, the Office of Juvenile Justice and the Department of Health and Hospitals (DHH).
- As a result of these efforts the **Louisiana Behavioral Health Partnership (LBHP)**, a comprehensive system for behavioral health services for individuals of all ages, was designed. The LBHP includes the **CSoC** as one of its population of focus.



Coordinated System of Care (CSoC)

- The **CSoC** will offer an array of Medicaid State Plan and Home and Community-Based Waiver services to:
 - All eligible children and youth in need of mental health and substance abuse services
 - At-risk children and youth with significant behavioral health challenges or co-occurring disorders in, or at imminent risk of, institutionalization)
- For more information about **CSoC**, go to:

<http://new.dhh.louisiana.gov/index.cfm/page/454/n/180>



Sources of Information used in this presentation:

- <http://www.state.sc.us/dmh/clinical/chronic.htm>
- [http://www.nami.org/Content/NavigationMenu/Inform Yourself/About Mental Illness/About Mental Illness.htm](http://www.nami.org/Content/NavigationMenu/Inform%20Yourself/About%20Mental%20Illness/About%20Mental%20Illness.htm)
- <http://www.pacer.org/parent/php/PHP-c81.pdf>
- <http://www.slc.sevier.org/emoclass.htm>
- <http://www.nami.org/Template.cfm?Section=adhd>
- <http://www.education.com/reference/article/emotional-behavioral-disorders-defined/?page=2>
- <http://www.education.com/reference/article/biological-disorders-emotional-behavioral/>
- [http://www.gallaudet.edu/clerc_center/Information and Resources/Info to Go/Educate Children \(3 to 21\)/Students with Disabilities/EmotionalBehavioral Disorders.html](http://www.gallaudet.edu/clerc_center/Information_and_Resources/Info_to_Go/Educate_Children_(3_to_21)/Students_with_Disabilities/EmotionalBehavioral_Disorders.html)
- [http://en.wikipedia.org/wiki/Emotional and behavioral disorders/biophysical](http://en.wikipedia.org/wiki/Emotional_and_behavioral_disorders/biophysical)
- <http://speialed.about.com/cs/behaviordisorders/a/Behavior.htm>
- <http://www.atriskyouthprograms.com/youth-programs/definition-of-an-qat-risk-youthq.html>
- <http://new.dhh.louisiana.gov/index.cfm/page/454/n/180>