

Perspectives in Community Mental Health

A Study Guide and Workbook

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Mental Health Overview

What is Psychological Health?

- Emotional Health
- Mental Health
- Spiritual Health

Psychodynamic Theory-Erik Erikson

- Ability to meet developmental milestones (Stage 1–5)
- Ability to relate and verbalize to others (Stage 2–3)
- Ability to express needs and express emotions (Stage 3)
- Ability to solve problems (Stage 4)
- Ability to care for self (Stage 2 and 5)

Stage 5

Etiology

- Exogenous- external loss or an event/ Reactive depression
- Endogenous- without apparent cause
- Unipolar- Only depression symptoms
- Bipolar- Manic Depression

Depression

- Mood disorder
- Mild, Moderate, Severe
- Heredity and Environment

Epidemiology

- Mood disorders most common psychiatric diagnoses
- Responsible for 75% of all psychiatric disorders
- Increase risk of suicide
- Can last from 6–24 months untreated
- Stress- specific response to major life events, significant losses
- Subgroups can include psychosis and seasonal

Factors in Mood Disorders

Biological

- Decrease in serotonin levels
- Decreased dopamine
- Decreased catecholamines (or increase in mania)
- Endocrine dysfunction- hypothalamic- pituitary- adrenal (HPA)

- Stress activates HPA axis leading to the secretion of cortisol
- Depressed patients often have high levels of serum cortisol
- Thyroid problems

Brain Structures Involved in Mental Disorders

Neurons

Synapse

PET Scans of an Individual with Bipolar Disorder

PET Scan of an Individual with Obsessive-Compulsive Disorder

MRI Scan of an Individual with Schizophrenia

The SAD PERSON Scale

- Sex
- Age
- Depression
- Previous attempt
- Ethanol abuse
- Rational thinking loss
- Social supports lacking
- Organized plan
- No spouse
- Sickness

Depressive Symptoms Through Childhood

Symptoms of Anxiety

- Apprehension
- Tension
- Edginess
- Trembling
- Excessive Worry
- Nightmares

Symptoms of Depression

- Helplessness
- Depressed mood
- Loss of interest
- Lack of pleasure
- Suicidal ideation
- Diminished libido

Symptoms of both Anxiety and Depression

- Anticipating the worst
- Worry
- Poor concentration
- Irritability
- Hyper vigilance
- Unsatisfying sleep
- Early insomnia
- Fatigue
- Poor memory
- Middle/late insomnia
- Sense of worthlessness
- Hopelessness
- Guilt
- Crying

Determining the Severity of Depression

Treatments

- Outpatient
- Inpatient
- Psychopharmacology
- Anti-mania medications
- Photo therapy
- Sleep Manipulation
- Electro convulsive therapy

Tips for Helping

- Talk about role of stress in depression and suicide
- Drugs and alcohol
- Sleep, diet and exercise
- Support services
- Risk factors in suicide
- Myths
- Signs and symptoms of depression

The NO HOPE Scale

- No framework for meaning
- Overt change in clinical condition
- Hostile interpersonal environment
- Out of hospital recently
- Predisposing personality factors
- Excuses for dying are present and strongly believed

Epidemiology

- Statistics are incomplete
- Second leading cause of death in adolescents
- Incidence of suicide is greater in urban areas
- Suicide tend to be seasonal

Suicide Rates for 15 to 19 year olds

Suicide Rates for Caucasians and non-Caucasians by age group

Youth Suicide

- The suicide rate among adolescents has tripled since 1950
- More girls attempt suicide. Twice as many boys complete suicide.
- Both sexes now turn to firearms and explosives as the most common method of self-destruction.
- Poisoning and overdosing second most common method used by young women.
- Suicide rates are higher among college students. Academic pressure seems related to suicide.

Youth Suicide

- Most of those who have gone on to commit suicide expressed their despondency to others and often made explicit comments about their intentions.
- The use of drugs and alcohol occurs more often with suicidal people than in the general population in all age groups.
- The loss of a valued relationship is the most common triggering events for youth suicide.

The Role of the Family in Youth Suicide

- The family often imposes rigid rules.
- Communication patterns are poor. Family members are not listening to each other.
- One parent may be stifling youth's progressive growth and independence.
- Long term dysfunctional family patterns such as mother or father absence, mental illness, alcohol and drug use.
- Adolescent females with suicidal tendencies have a higher rate of history of sexual abuse.

Popular Myths of Suicide

- Those who talk about suicide won't do it.
- Only certain people commit suicide.
- If someone is despondent, mentioning suicide will give the person ideas.
- Only crazy or insane people commit suicide.
- Once the depression is lifted the danger of suicide is over.
- Suicide happens without warning.
- Once someone is suicidal they are always suicidal.
- Suicidal people wish to die.

Factors Associated with Higher Risk

- Other members of the family have made suicide attempts.

- The youth has made a previous suicide attempt.
- Recent changes in behavior including level of social activity, sleeping, eating, choice of clothes, either withdrawal from previous interests or a sudden burst of pleasure seeking and risk taking activities.
- Hopelessness, apathy and dread. ("What's the point of trying again? "There is nothing I can do about anything". "So who cares anyway? I don't.")

Factors Associated with Higher Risk

- Statements about ending his or her life. ("You're going to see me on the 10:00 news." "I want to get it all over with.")
- Narrow thought process to the point where everything seems closed, no options, and extreme courses of action are envisioned ("I can never get anything right." "He was the only person who understood me.")
- Abrupt flashes of anger. Unpredictable, over reactive to small frustrations or provocations. Glowering resentment and uncooperativeness. Aggressive and anti-social behavior.

Questions of Possible Suicide Intent

- Have they made any comments about being "better off dead?"
- Have they joked about killing themselves?
- Have there been any statements about "things being better soon?"
- Do they have any potential weapons in the house such as guns or knives?
- Have they ever tried to hurt themselves before, even in small ways like taking a few pills too many?
- Have they appeared depressed or tearful?
- Are they spending more time alone than usual?

Questions of Self-destructive Behavior

- Is this a chronic, repetitive pattern or does it represent a recent behavior change?
- Have there been previous suicide attempts or threats?
- Does the person have a method planned; how lethal is it, how available is it?
- Is there a history of recent illness or surgery, especially with a diagnosis of malignancy or chronic, debilitating illness?
- Has the patient suffered any recent losses through death, divorce, or separation?
- Does he/she use alcohol with any frequency?
- What social resources does the patient have (frequent or infrequent contact with family or friends)?

Threshold Model for Suicidal Behavior

Hospitalization

- Assessment- suicide precautions
- Provide safe environment
- Remove dangerous objects
- Medications and stashing
- Sudden changes in mood
- Family therapy

- Group Therapy
- Individual Therapy
- Recreational Therapy
- Art Therapy

Functional Anger

- Energizes behavior to avoid anxiety
- Characterizes a healthy relationship
- Serves as an ego defense
- Gives the person a sense of control
- Provides immediate relief
- Indicates a need for a more effective coping mechanism

Dysfunctional Anger

- Arises when early conflicts are re-enacted
- Is cyclical
- Unresolved anger and anxiety
- Powerlessness
- Rejection by others

Anger and Violence Characteristics

- Tension
- Anxiety from a perceived threat
- Related to fear of rejection
- Ranges from mild annoyance to rage and fury
- Frustration
- Resentful
- Belligerence
- Humiliation
- Depression
- Guilt

Social Learning Theory

- Aggression is a learned behavior
- Social environment instigates and reinforces aggression and violence
- Violence is a functional behavior to control others

Need Theory

- Aggression is communicating a need
- Destructive behavior is used when the need is not met