xenos christian fellowship

"Freedom Through the Love of Christ"

Recognizing Mental Illness

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Tonight

- Preliminary comments
  - Christianity has always been skeptical of psychology and counseling

Tonight

- Priesthood of all believers
  - We're here to study *pastoral counseling*
    - Romans 15:14
  - What is the goal of pastoral counseling?
  - What is the goal of professional mental health treatment?
- Metaphor:

Caveats:

- Broad brush strokes
- Beware med student disease
- Stigma vs. Identity in Christ
- Goals:
  - Recognize mental illness vs. "worried well"
  - Know the "Red Flags" for referral, danger

Current Psychiatric Nosology:

- Right now we're using DMS-IV-TR.
  - DSM-V is coming.
  - This is the "catalog" and "diagnosis" thing, but does not cover treatment or etiology.

All (generally) involve:

- Symptoms cause **clinically significant distress** or **impairment** in social, occupational, or other important areas of functioning
- Not the direct physiological effects of a substance (e.g., "hopped up on crack" is not "mania") or medical condition (e.g., hypothyroidism is not depression)
- Not better accounted for by something else (e.g., "bereavement" may be a better answer than "depression," and "low effort/low ability" is more likely than "learning disability")

Affective Disorders

- There are three Major Affective Disorders:
  - Major Depression
  - Bipolar Disorder

Depression

- The public health impact of depression is enormous.
- Depression is associated with:
  - Personal suffering
  - Reduced quality of life
  - Societal financial costs
  - Suffering of the person's family and friends

Depression: the "Big Nine"

- Depressed mood for most of the day
- Loss of interest in previously pleasurable activities; inability to enjoy usual hobbies or activities
- Disturbed appetite or change in weight
- Disturbed sleep
- Psychomotor retardation or agitation
- Fatigue or loss of energy
- Feelings of worthlessness; excessive and/or inappropriate guilt
- Difficulty concentrating or thinking clearly
- Morbid or suicidal thoughts or actions

- Beware non-dysphoric depression!
  - Presents as multiple symptoms of depression ***without sadness***.
  - Often overlooked; can involve irritability/anger.

Major Depressive Disorder (MDD)

- Major depressive *episode* ("5 of 9" rule)
- MDD = 1+ Major depressive episodes and some other stuff (impairment, etc.)
  - Can be current, past, remission, partial remission, recurrent, etc.
- Has *never had* a manic, mixed, or hypomanic episode (that puts in different category)
  - Sleep problem is usually insomnia
    - Typically middle or terminal insomnia
    - Appetite is usually *less* (and weight loss) but sometimes *more* (and weight gain)
  - Sometimes hypersomnia (atypical depression subtype)

Dysthymic Disorder

- Depressed mood more days than not for the past two years (not symptom free for > 2 months)
- At least two of the previously mentioned symptoms
- Hasn't had major depressive episode *during the first 2 years* of sadness → then you call it MDD instead
- NEVER had manic, mixed, etc. → then it's bipolar

Effective Treatments for Depression

- Meds: SSRI's, SNRI's, etc.
- Cognitive Behavioral Therapy (CBT)
- Interpersonal therapy (IPT)
- Exercise
- Marital therapy (if wife is depressed)

Bipolar Disorder ("manic depression")

- Like recurrent major depression + at least one manic or mixed episode
- Manic episode:
  - Distinct period of *abnormally* and *persistently* elevated, expansive, or irritable mood of at least 1 week (or if hospitalized)
  - 3+ of these:

    Grandiosity Decreased need for sleep
    Pressured speech/talkative/hard to interrupt
    Flight of ideas or racing thoughts Distractible
    Excessive involvement in risky behavior (sex, buying, etc)
    Increase in goal-directed activity (social, sexual, school) or psychomotor agitation

Bipolar Disorder ("manic depression")

- Mixed episode:
  - Manic Episode + Major Depressive Episode <u>every day</u> for 1+ week
  - Rapid mood swings
  - Often agitation, insomnia, appetite problems, psychotic features, suicidal thinking

Bipolar Disorder ("manic depression")

- Very genetic (about 70%)
- Starts in teens/20's: sudden onset
- Characterized by "active" and "quiet" phases
- Sometimes psychotic during "active" phase
- <u>Must</u> be medicated
- All the risks of major depression
- "hypomanic" is 4+ days of less-severe manic symptoms, not psychotic = Bipolar II or "cyclothymic" (no MDD)

Psychotic Disorders like Schizophrenia

- Psychotic means *delusions* or *hallucinations*
  - NOT "psychopathy" which is antisocial personality disorder
- Schizophrenia/schizophreniform
- Schizoaffective disorder (schizophrenia + MDE)
- Delusional disorder (non-bizarre delusions like "I am Napoleon" or "I am being persecuted")
- Etc.

Psychotic Disorders like Schizophrenia

- Schizophrenia
  - Positive symptoms:
    - Must have bizarre delusions or
    - Hallucinations (typically auditory)
    - Disorganized speech
    - Disorganized or catatonic behavior
  - Negative symptoms:
    - Flat affect
    - Not talking
    - Avolition

Psychotic Disorders like Schizophrenia

- Schizophrenia
  - Subtypes (paranoid, disorganized, catatonic)
  - 1% prevalence
  - "rule of thirds"
  - VERY ill—must be followed by a psychiatrist
  - 50% genetic
  - Starts in mid to late 20's

If you suspect a psychotic disorder—get help!

Anxiety Disorders

- Panic Disorders w/ or w/o agoraphobia
- Generalized Anxiety Disorder
- Obsessive-compulsive disorder
- Social phobia (fear of social situations)
- PTSD
- Specific Phobia (snakes, dogs, heights, airplanes)
- Generally not fatal

Anxiety disorders

- Heterogeneous
- Very common
- Anxiety and depression often go together.
- ALL very treatable (with motivated patient)
- Worst prognosis is chronic, severe PTSD and OCD
- Drugs can help…often not needed

Anxiety Disorders

- Panic disorder:
  - Sudden distinct episodes of extreme anxiety which include four or more of these kinds of symptoms:
    - Shortness of breath, heart palpitations, chest pain, dizziness, sweating, shaking, or a fear of loosing control or dying
  - Sometimes "agoraphobia" and are afraid to leave their homes. Literally "fear of open spaces." It's actually fear of "what if I have a panic attack" and "what if I can't get away"
  - Everyone has had *one* panic attack—you need more to have PD.
  - PD is rooted in a learned fear of "false alarms" of the sympathetic nervous system.

Anxiety Disorders

- Generalized Anxiety Disorder
  - High trait anxiety
  - Worry, worry, worry
  - Super common—hard to distinguish from garden variety anxious person
  - Often an avoidance of strong emotions
  - Often somatic complaints
  - Can "grow" into panic disorder sometimes

Anxiety Disorders

- Obsessive Compulsive Disorder
  - Obsessions (intrusive unwanted thoughts)
  - Compulsions (counting, washing, checking)
  - Very severe anxiety disorder when it is really OCD
  - Meds + Therapy works best
  - It's going to be hard to diagnose the difference between OCD and sub-clinical OCD—get help.
  - NOT Obsessive-compulsive personality disorder
    - OCD = anxiety + obsessions and compulsions
    - OCPD = controlling, orderly, neat-freak, perfectionist, etc.

Anxiety Disorders

- PTSD
  - Traumatic event
    - Actual/threatened death or serious injury, threat to physical integrity (e.g., raped, tortured, robbed, assaulted, witnessed parents die)
    - Response involved intense fear, helplessness, or horror
  - Reexperiencing symptoms
    - Intrusive thoughts
    - Dreams
    - Reliving
    - "triggers" cause distress
    - Physiological reactivity to cues
  - Avoidance
    - Avoid reminders
    - Numbing
    - Etc.

PTSD

- PTSD sucks
  - Very common
  - 60-70% of people experience a "Criterion A" traumatic event
  - They usually *don't* get PTSD
  - Treatment with an exposure-based treatment is important
  - Some drugs work OK

Personality Disorders

- Paranoid
- Schizoid
- Schizotypal
- Antisocial
- Borderline
- Histrionic
- Narcissistic
- Avoidant
- Dependent
- Obsessive-compulsive

A *long-term* pattern of difficulty in interpersonal relationships!

- "An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture…"
  - Inflexible and pervasive across a range of situations
  - Clinically significant distress or impairment in social occupational or other important areas of functioning
  - Stable, long duration, started by adolescence
  - Not medical (e.g., head trauma)

Personality disorders

- Hints;
  - If you have 1, you probably have 2
  - Very abrasive, super hard to relate to (don't forget med student disease!)
  - Heterogeneous clusters

Cluster A: odd/eccentric
Schizoid
Paranoid
Schizotypal

Cluster B: Dramatic, emotional, erratic
Antisocial
Borderline
Narcissistic
Histrionic

Cluster C: Anxious, Fearful
Avoidant
Dependent
Obsessive-Compulsive

Personality Disorders

- Antisocial
  - Lying criminals with no conscience
  - "a pattern of disregard for and violation of the rights of others"
  - VERY hard to treat
  - They don't perceive themselves to have a problem at all

Personality Disorders

- Borderline
  - Miserable empty people with no boundaries who love/hate you and are frantically trying to avoid abandonment
  - "a pattern of instability in interpersonal relationships, self-image, and affects, and marked impulsivity"
  - Caused by *profoundly* invalidating early environment and often severe trauma
  - Hard to treat, but treatable
  - Sadly, way too common (technically 2% but seems higher)

Personality Disorders

- Borderline criteria. 5+ of these:
  - Avoid real/imagined abandonment
  - Intense, unstable relationships
  - Unstable self-image
  - Impulsive (sex, spending, drugs, food)
  - Self-destructive with suicide or self-mutilation
  - Unstable emotions—very reactive mood
  - Chronic feelings of emptiness
  - Intense unstable anger
  - Sometimes stress-induced paranoia or dissociative symptoms

Personality Disorders

- Antisocial
  - Crime
  - Violence
  - Unstable
  - Victimize others
- Borderline
  - Suicide
  - Unstable

Substance Abuse

- Alcohol
- Marijuana
- Heroin
- Cocaine
- Opium
- Amphetamine
- Ketamine
- Whateveramine
- Etc.

Substance Use Disorders

- Sometimes USE is bad enough
  - Coke, Meth, heroin
- Abuse is "use with consequences"
- Dependence is "use with physiological or psychological addiction"

Substance Abuse

- A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one or more of the following w/in 12 months;
  - Recurrent substance use resulting in a failure to fulfill role obligations (work, school, neglect children, suspended)
  - Recurrent use in situations where it is hazardous (driving)
  - Recurrent substance-related legal problems (arrested for disorderly conduct, DUI)
  - Continuing to use despite problems (e.g., arguments about drinking, DUI's, fights)
- Not substance dependence

Substance Dependence

- A maladaptive pattern of substance use leading to clinically significant impairment or distress, with 3+ of these:
  - Tolerance
  - Withdrawal

  Physiological dependence
  - Take more or for longer than was intended
  - Tries/wants to stop but can't
  - Substance-seeking behavior or time-consuming use (goes to doctors, chain smokes)
  - Gives up social/occupational/recreational activities
  - Still use despite knowing that is causes problems (has liver disease but drinks anyway)

Eating Disorders

- **Anorexia nervosa**
  - Extreme thinness (emaciation)
  - A relentless pursuit of thinness and unwillingness to maintain a normal or healthy weight
  - Intense fear of gaining weight
  - Distorted body image, a self-esteem that is heavily influenced by perceptions of body weight and shape, or a denial of the seriousness of low body weight
  - Lack of menstruation among girls and women
  - Extremely restricted eating.
- Bulimia
  - recurrent and frequent episodes of eating unusually large amounts of food and feeling a lack of control over these episodes. This binge-eating is followed by behavior that compensates for the overeating such as forced vomiting, excessive use of laxatives or diuretics, fasting, excessive exercise, or a combination of these behaviors.
- Eating Disorder Not otherwise specified

Eating Disorders

- **People keep them secret**
  - **Thin ≠ anorexia**
  - **If you suspect, refer for assessment and treatment**
    - **Lots of bulimics and purgers won't go, but anorexics really need the help whether or not they want to go**

Attention Deficit Disorder

- inattention, hyperactivity, impulsivity.
  - That is, we all sort of know…
  - Requires a real assessment—don't just declare someone to have ADD.
  - Adderall would help us all (*but if you don't need it, it's like stomping on your dopaminergic neurons with the boots of God*)

When to refer?

- Psychotic (out of touch with reality)
- Suicidal
- Severe depression
- Substance Dependence
- Rule out a medical cause
- Get a real diagnosis (see next slide)
- Get a professional treatment (see next slide)

When to refer?

- Any time you want to know the actual diagnosis:
  - Insomnia/sleep apnea
  - ADD/ADHD, Learning disability
  - Eating disorder vs. disordered eating
- Any time you want professional treatment
  - PTSD, GAD, Panic Disorder
  - MDD, dysthymia
  - Etc.

Medication?

- Sometimes yes, sometimes no.
  - Depends a lot on the diagnosis (e.g., YES for bipolar, psychotic, OCD but usually *no* for personality disorders and some anxiety disorders)
  - Typically the family practice doc
  - Sometimes a real psychiatrist

Suicide

- Risk factors:
  - Mental disorders
  - Previous attempts
  - Availability of a means
- Imminent danger:
  - Threatening to hurt/kill self
  - Looking for means ("Where's my gun?")
  - Talking/writing about death, dying
  - Has made plans and preparations
  - Hopelessness

Hospitalize?

- Suicidal/homicidal
  - Always ask *directly* about suicidal thoughts/intentions
  - Do they have a plan? Do they have the means?
  - Lot of depressed people "wish they could die" but have no *intention* of doing anything about it.
  - Someone would have to be an *immanent* threat to self or others to be hospitalized.
- Detox/withdrawal (can be fatal)
- Sometimes for anorexia

Conclusions and comments

- Don't forget the metaphor:

- The goal of pastoral counseling is sanctification – not curing a mental disorder
  - Conflating "*professional counseling"* with "*being effective in relationships"* is insane and unbiblical
  - The pros do not have a corner on relationships!