

# UNDERSTANDING MENTAL HEALTH SYMPTOMS FROM A RECOVERY PERSPECTIVE

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**VA**  
**HEALTH**  
**CARE** | Defining  
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# Learning Objectives

- ▣ Discuss the origins and stages of impact of mental health issues.
- ▣ Contrast the Medical Model and Psychosocial Rehabilitation approaches to understanding assessment and treatment of mental health issues.
- ▣ Identify interventions that Department of Veterans Affairs (VA) peer support providers can use when working with Veterans experiencing barriers.



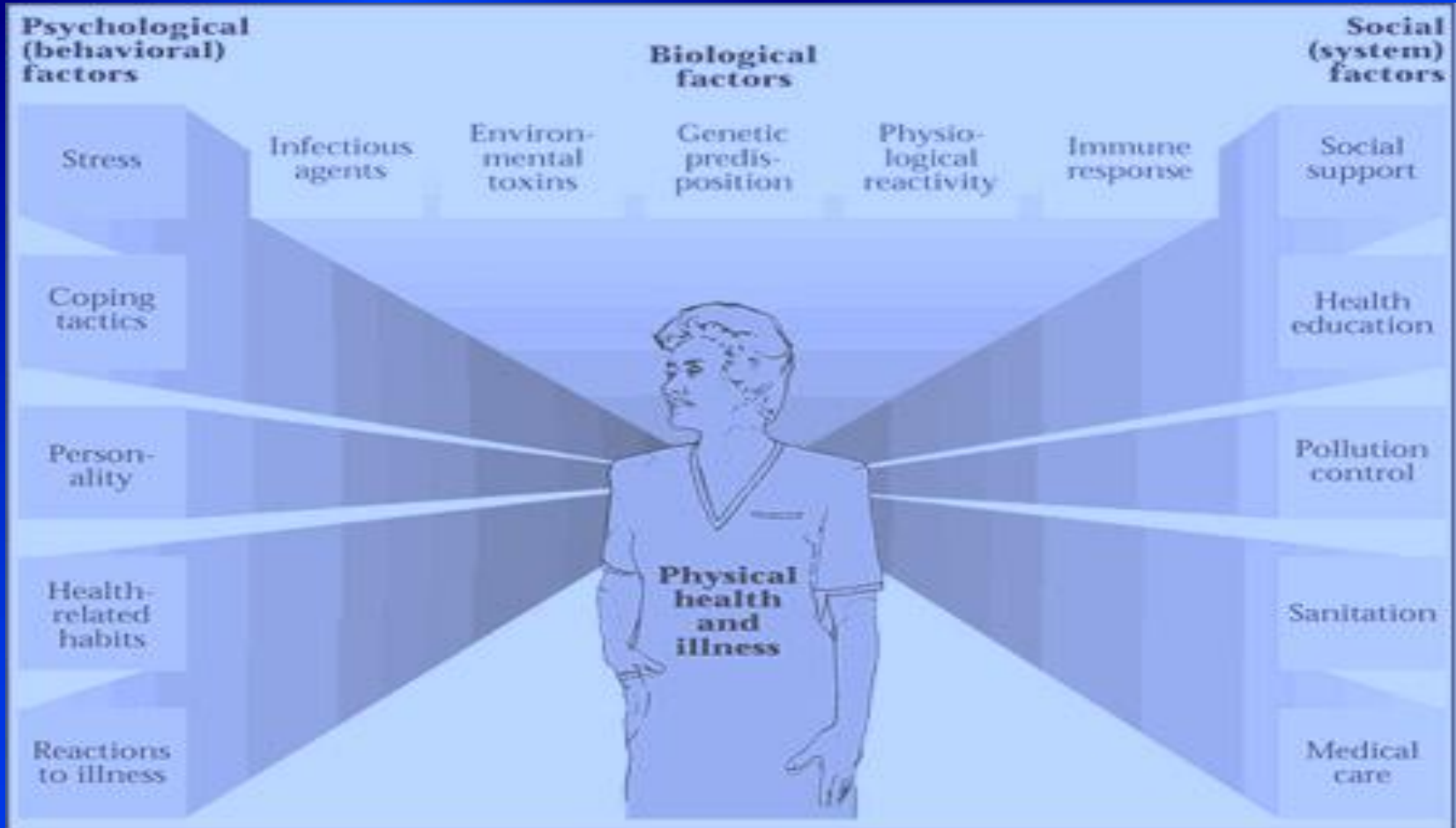
# Why VA peer support providers need to know this information

- ▣ Understand the common language used in VA health care settings where the peer support providers work
- ▣ Use the information to act as a bridge between VA clinical providers and Veterans receiving services



# Origin of Mental Health Issues

## Bio-Psychosocial Model (Engel, 1977)



(Figure Reference: <http://www.ashburnpsychologist.com/images/woman.jpg>)



# Stages of Impact of Mental Health Issues

When a person has a mental illness, the illness impacts several areas of his/life. Anthony et al. (2002) described stages of impact:

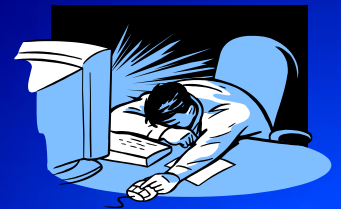
- ❑ Impairment: A person experiences major symptoms that interfere with daily life. Examples of impairment are hallucinations, delusions, or depressed mood.
- ❑ Dysfunction: The symptoms lead to one's difficulty performing an activity or task that would normally be performed in one's daily life. Examples would be lack of social skills, work skills, or daily living skills (ex: grooming, cooking, cleaning, etc.).
- ❑ Disability: This refers to a person's limitations that keep him/her from performing an important role that is normally performed by most human beings. Examples of the impact of having a disability are unemployment or homelessness.
- ❑ Disadvantage: This is the lack of opportunity that a person with a mental illness has. Disadvantages, such as discrimination and poverty, limit or prevent that person from performing normal roles in his/her community.

# What are symptoms?

- ❑ Symptoms of a mental illness are warning signs that the person is not functioning as he/she usually does.

- ❑ Symptoms can be:

- Physical—Examples: body aches; pain; feeling tired more often.
- Emotional—Examples: increased anger/irritability; lingering sadness.
- Behavioral—Examples: Isolating from loved ones; sleeping less or more often; eating less or more often; excess \$\$ spending.



- ❑ Mental illnesses often manifest themselves as more than one type of symptom (physical, emotional, and behavioral).

# Medical Model Approach to Assessment & Treatment



- ▣ Assessment:
  - Identify symptoms the person is experiencing.
  - Use the symptoms to provide a diagnosis (ex. bipolar disorder).
  
- ▣ Goals of treatment:
  - Reduce or eliminate the symptoms.
  - Stabilize the person so the person stays out of the hospital.
  - The person remains compliant with treatment (ex. taking prescribed medication).
  
- ▣ Treatment approaches:
  - Prescribe medication.
  - Refer the person for individual therapy and/or group therapy.
  
- ▣ While important, the medical model approach only addresses the first stage of impact of a mental illness (impairment).

# DSM

- ▣ The *Diagnostic and Statistical Manual of Mental Disorders* (DSM) contains descriptions of numerous psychiatric disorders, including substance abuse and addictions. The DSM describes symptoms and other diagnostic information. It does not contain treatment information or strategies.
  
- ▣ Three main reasons for clinical staff to use a DSM:
  - To help psychiatrists and other clinicians identify psychiatric disorders.
  - To help psychiatrists and other clinicians communicate using a “standard” language.
  - To help mental health agencies communicate with insurance companies and regulators so they can obtain payment for services.





# DSM

The DSM contains a system of categories for describing a person's problems. These categories are called "axes." A single category is described as an "axis." The axes are labeled I through V (American Psychiatric Association, 2000).

**Axis I:** This axis is used to report all the various psychiatric disorders except personality disorders or developmental disabilities which are covered in Axis II. The disorders on Axis I are usually the main focus of treatment, and they are described with a "code." If someone has more than one disorder, the primary disorder (the one causing the most disturbance) is listed first.

**Axis II:** This axis is used to report personality disorders or developmental disabilities.

**Axis III:** This axis is used to report general medical conditions (ex. diabetes; kidney failure; hepatitis; or any other medical condition).

**Axis IV:** This axis is used to describe psychosocial and environmental problems (ex. legal problems; homelessness; lack of support system; etc.).

**Axis V:** This axis relies on reference to a Global Assessment of Functioning (GAF) scale (0–100) that describes how well a person is functioning at the time of the evaluation. It is important to note that when you see this information listed in a Veteran's medical record, the GAF score can change dramatically as the Veteran engages in the recovery process.

# Example of DSM Axial System

Axis I: 309.81 Posttraumatic Stress Disorder, Chronic  
303.90 Alcohol Dependence

Axis II: 301.82 Avoidant Personality Disorder

Axis III: Diabetes; hypertension; chronic back pain

Axis IV: Unemployment; homelessness; poor support system

Axis V: GAF (current): 34

# Examples of DSM Diagnoses

In the next few slides, we will present information about the symptoms (barriers) associated with the following mental health conditions:

- ▣ Post-Traumatic Stress Disorder (PTSD)
- ▣ Schizophrenia
- ▣ Bipolar Disorder

# Diagnosis: PTSD—Symptoms

- ▣ Traumatic event occurs
- ▣ Event re-experienced later
  - Dreams; flashbacks; triggers
- ▣ Disengagement/Avoidance
- ▣ Increased Arousal
  - Sleep problems
  - Concentration difficulties
  - Easily startled
  - Irritability or angry outbursts



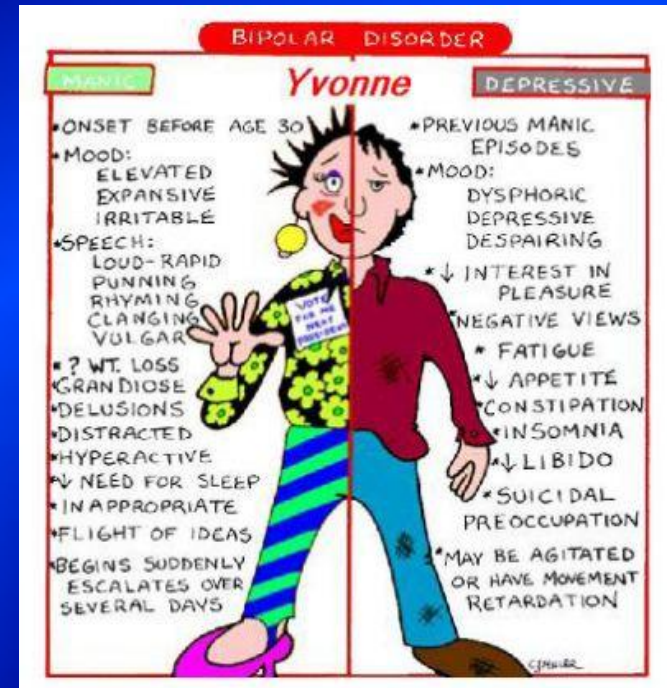
# Diagnosis: Schizophrenia—Symptoms

- ▣ Delusions: Belief or thought that is held and believed to be true despite receiving accurate information to the contrary
- ▣ Hallucinations: Perceiving something that is not really there
- ▣ Speech: Difficult to understand; disorganized; or not talk much
- ▣ Difficulty showing a range of emotion
- ▣ Difficulty experiencing positive emotions
- ▣ Difficulty pursuing meaningful life goals



# Diagnosis: Bipolar Disorder—Symptoms

- ❑ Elevated mood with or without periods of depressed mood
- ❑ If the person has both elevated and depressed mood, there can sometimes be periods of regular/normal mood between the ups and downs.
- ❑ Periods of elevation sometimes referred to as “mania”
- ❑ Mood ups and downs can affect a person’s thinking and behaviors (examples: spending money quickly; not sleeping; etc).  
Usually the more often the person’s mood cycles up and down, the more challenges the person has with his/her thinking and behaviors.



# Psychosocial Rehabilitation Approach to Assessment & Treatment

- ❑ The recovery model looks at mental illness symptoms as barriers in the way of the person achieving his/her life goals.
- ❑ This model focuses on looking at personal strengths, individual courage, self-esteem, problem-solving skills, coping mechanisms, therapy, and hope.
- ❑ In the recovery model, medications, therapy, and other more traditional treatments still have an important role, but symptom reduction and/or management is not the end goal. Maximizing the individual's ability and opportunity to achieve important personal goals around work, education, relationships, and overall wellness are the main goals. Symptom management occurs in service of these larger life goals.
- ❑ Psychosocial rehabilitation (PSR) services address the last three stages of impact of mental illness (dysfunction; disability; and disadvantage).



# Vignette #1

(Refer to the Understanding Mental Health Symptoms from a Recovery Perspective Vignettes Handout)







# Navigating Barriers



- If “recovery” is the mission, then providing the necessary skills, resources, and supports are the “tools” to achieve that mission.
- While psychiatric medications can help people with mental illness symptoms, PSR services help people improve their skills in the areas of socialization and community living and remove barriers to working or returning to school.
- The overall goal of PSR interventions is to help a person with a psychiatric disorder perform those physical, emotional, social, and intellectual skills needed to live, learn, and work in his/her community with the least amount of support necessary.
- Some common skills taught in a PSR setting are:
  - Social skills
  - Problem-solving
  - Daily living skills such as shopping, budgeting, cooking, paying bills, and using public transportation
  - Vocational skills such as resume writing, preparing for job interviews, getting along with one’s supervisor and co-workers
  - Managing one’s symptoms
  - Advocacy and self-advocacy
  - Educational skills such as pre-educational classes, educational support, working with educational staff, resources for education, education loans, and educational accommodations.

# VA Peer Support Provider Interventions

- ❑ Communicate a belief that the Veteran can and will recover. “I believe you can have the life you want to have, and I will support you in your journey to get there. I have hope for you.”
- ❑ Listen. Really listen. Do not judge, dismiss, or advise.  
listen.
- ❑ Engage in conversations about goals, dreams, and wishes.
- ❑ Ask questions like, “What would be a satisfying life for you?  
How can you get there?”
- ❑ Use snippets of peer support provider’s personal recovery story to inspire. Also, encourage the Veteran to tell his/her story. Share success stories.
- ❑ Believe in the potential of each Veteran to recover in his/her own way.
- ❑ Advocate for the Veteran with VA clinical staff members and the Veteran’s family as needed and desired by the Veteran.
- ❑ Share resource information and refer the Veteran to needed available services.



# Vignette Example #2

(Refer to the Understanding Mental Health Symptoms from a Recovery Perspective Vignettes Handout)



# Vignette Example #3

(Refer to the Understanding Mental Health Symptoms from a Recovery Perspective Vignettes Handout)



# Internet Resources for Additional Information

- ❑ National Alliance on Mental Illness (<http://www.nami.org>)
- ❑ National Association of Peer Specialists (<http://www.naops.org>)
- ❑ National Empowerment Center (<http://www.power2u.org>)
- ❑ National Mental Health Consumer's Self-Help Clearinghouse (<http://www.mhselfhelp.org>)
- ❑ <http://www.mentalhealth.com>
- ❑ <http://www.mentalhealth.samhsa.gov>
- ❑ <http://www.nimh.nih.gov>
- ❑ <http://www.nmha.org>
- ❑ <http://www.ptsd.va.gov>
- ❑ <http://www.webmd.com>



# QUESTIONS?



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- ❑ Harrington, S., Dohoney, K., Gregory, W., O'Brien-Mazza, D., & Sweeney, P. (2011). *Department of Veterans Affairs peer specialist training manual—Instructor edition*. Washington, DC: United States Department of Veterans Affairs.

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