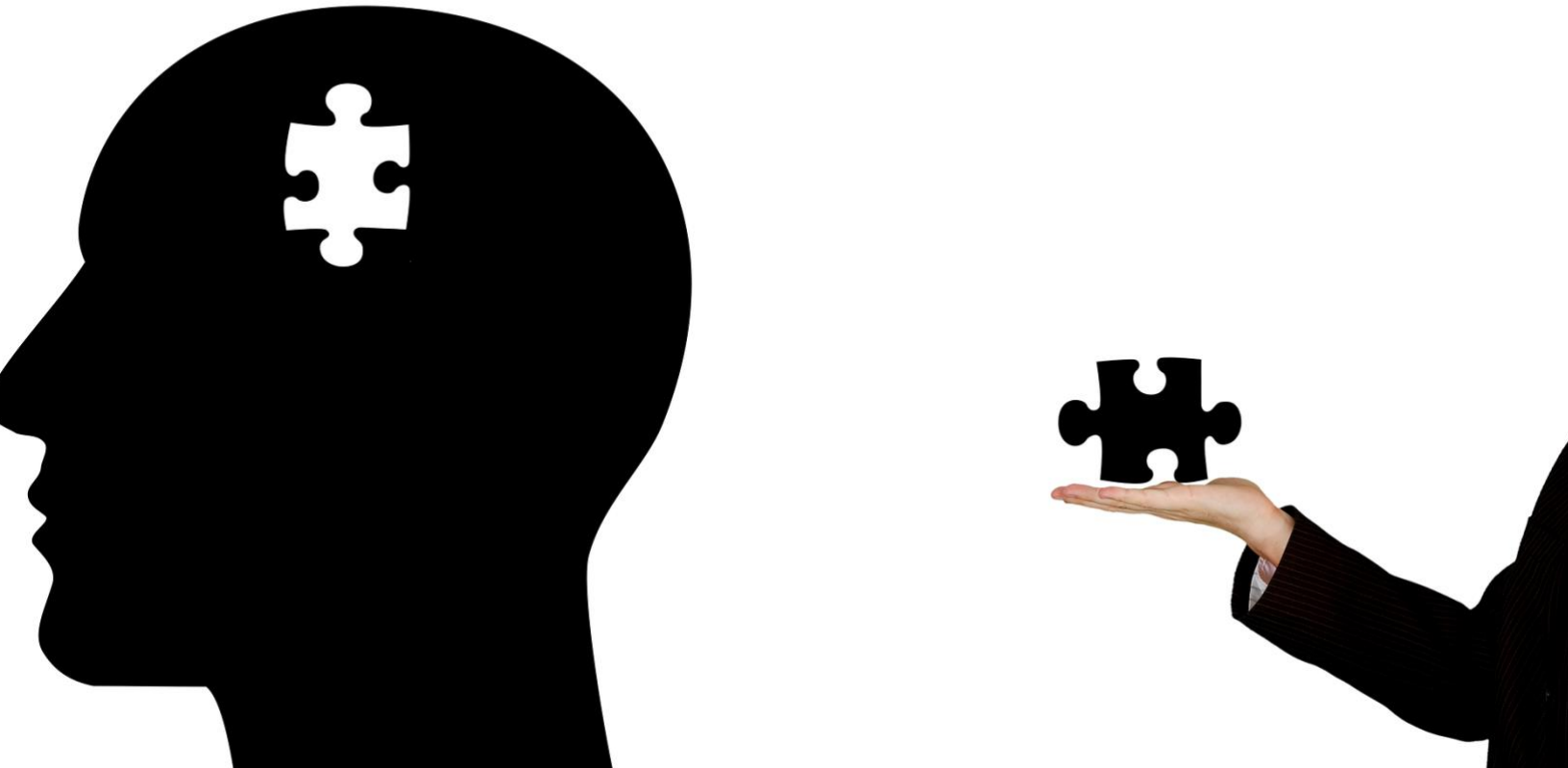
Care CEU's
Continuing Education for Nursing Home Administrators

Mental Health Disorders: Identification and Treatment



Introduction

In the current landscape of health care, the prevalence of mental health disorders appears to be on the rise. Thus, it is essential for health care professionals to possess insight into mental health disorders in order to best serve patients. This course will provide information regarding the identification and treatment of mental health disorders to provide health care professionals with the necessary insight to administer safe and effective health care to those patients suffering from mental health disorders.

Section 1: Mental Health Disorders

Case Study 1

A 29-year-old women presents with complaints of frequent headaches and fatigue. Upon questioning, the patient reports that she has been experiencing, what she refers to as, "dull, aching headaches" and "all around fatigue for the past 3 weeks." The patient's physical exam is unremarkable - however, during the exam, the patient begins to tear up. Upon further questioning, the patient discloses that she has had a "hard time sleeping" and that she is feeling "very down, all day, all the time." The patient then goes on to explain that she has tried to "cheer herself up" by going swimming and hiking, however she has simply no interest in doing either, which she finds odd because they are both, typically, activities she enjoys. Along those same lines, the patient reports that she has lost her "usual appetite." The patient also reports that she has been having difficulty focusing, concentrating and making decisions at work. The patient then goes on to say that she simply does not have the "energy, desire or interest in doing" her job and that she has missed "many days of work" over the past aforementioned time period. Most concerning, the patient confides that she feels like there is no end in sight regarding her mood and she wouldn't' care if "something bad" happens to her.

Case Study 2

A 27-year-old male presents with complaints of back pain, muscle tension and overall stiffness. Upon examination the patient reports that in addition to his back pain, muscle tension and stiffness he has been experiencing problems sleeping and has been "very worried." The patient goes on to explain that he has always been considered by his family and friends to be an individual who worries - however, for the past 8 - 12 months, his worrying has seemed to increase. The patient explains that he worries about everything from gas prices to his job to his mother who has recently been diagnosed with breast cancer. What the patient finds odd about his constant worrying is that he seems to be just as "mentally occupied and concerned" about

trivial things like being able to download a movie as much as he is about his mother's illness. Upon further questioning the patient revels that he is "basically keyed up about everything" and that irritability, restlessness and a lack of focus has accompanied his "mounting worries." By the end of the conversation the patient questions why his "consistent worries" are "taking over" his life and impacting his ability to function.

Case Study 3

A 20-year-old female reports that she has not slept "in days." Upon questioning, the patient reveals that she recently dropped out of college because she was having trouble concentrating in class and that she felt like she "knew way more" than her peers and professors. The patient also confirms that she has been engaging in intercourse with multiple partners for "weeks" and has spent "all of her money partying." Upon examination the patient seems to be distracted. During further questioning the patient's speech becomes increasingly pressured and the patient reports that she has been experiencing consistent racing thoughts. The patient then goes on to explain that she would like to keep "partying" because it is her new goal and she would like to start consuming alcohol. At the conclusion of the examination, the patient appears to be irritated.

The case studies above highlight specific mental illnesses, otherwise referred to as mental health disorders. With that in mind, the question is - what specific mental health disorder is represented in each case study? Identifying a specific mental health disorder can be challenging - however, it is essential to the administration of health care. Thus, health care professionals must be able to effectively identify specific mental health disorders in order to best serve their patients. The next question that is posed is - how? How can health care professionals effectively identify mental health disorders in order to best serve patients? The straight forward answer to the previous question is, to obtain an understanding of mental health disorders and their presentation. To provide health care professionals with the information necessary to identify mental health disorders, this section of the course will provide insight into some of the most widespread mental health disorders found in the present health care climate. That being said, this section will focus on depressive disorders, anxiety disorders and bipolar disorder. Each of the aforementioned mental health disorders will be broken down into informational segments to best serve health care professionals. The information found in this section was derived from materials provided by the Centers for Disease Control and Prevention (CDC) and the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).[1,2]

Depression

What is a depressive disorder?

A depressive disorder may refer to a mood disorder characterized by a persistent depressed mood and/or anhedonia, which ultimately causes significant interference in daily life. Anhedonia may refer to a loss of interest in previously enjoyable activities. In essence, a depressive disorder may be present in individuals experiencing prolonged states of depression which interferes with daily life and individuals' ability to maintain relationships, family obligations, employment, or other important areas of functioning.

What are the risk factors associated with depressive disorders?

Clinically significant depression is one of the most common mental health disorders found in the United States of America. That being said, research indicates that depression may be caused by a combination of genetic, biological, environmental and psychological factors. Specific risk factors for depression may include: death or loss, abuse, conflict and/or significant life events.

A significant life event may refer to any major shift in an individual's life, e.g. marriage, divorce, moving, school graduation and new employment. It is interesting to note that depression may arise from a variety of significant life events. In other words, depression may result from a significant life event that does not necessarily have negative connotations. Essentially, any dramatic or impactful change in an individual's life may cause depression. For example, an individual may finally land his or her dream job in his or her most desirable place to live. However, after the person relocates and begins the new employment opportunity, the individual finds him or herself depressed. Depression that arises from what appear to be "positive significant life events" may lead to confusion among individuals suffering from clinically significant depression and may not be initially obvious to health care professionals. Therefore, health care professionals must be aware that any significant life event may lead to depression when attempting to identify depressive disorders among patient populations.

What are the specific types of depression?

There are many different types of depression. The different types of depression that may be found among patients include the following:

- Major depressive disorder - major depressive disorder may refer to a form of depression that occurs most days of the week for a period of 2 weeks or longer leading to clinically significant distress or impairment in social, occupational, or other important areas of functioning.

- Persistent depressive disorder - persistent depressive disorder may refer to a chronic form of depression.

• Seasonal affective disorder - seasonal affective disorder may refer to a mood disorder that occurs in the winter months and/or at the same time period each year.

• Psychotic depression - psychotic depression may refer to a form of depression which is accompanied by psychotic symptoms such as: hallucinations, delusions and paranoia.

• Postpartum depression - postpartum depression may refer to a form of depression which occurs after childbirth.

• Premenstrual dysphoric disorder - is a depressive-like condition linked to a women's menstrual cycle.

• Atypical depression - atypical depression is a condition characterized by periods of depression which are typically resolved by "positive events."

What is the most common form or type of depression?

One of the most common forms or types of depressive disorders is major depressive disorder. Research indicates that millions of Americans, nationwide, may be suffering from major depressive disorder. Individuals suffering from major depressive disorder may come from any gender, race or social class. Typically, individuals present with major depressive disorder signs and symptoms in adulthood - however, it may also affect children and adolescents. Research also indicates major depressive disorder's prevalence may be on the rise in the United States.

What are potential symptoms of major depressive disorder?

Symptoms of major depressive disorder may include the following:

• Depressed mood

• Anhedonia (a loss of interest in previously enjoyable activities)

• Appetite changes

• Weight changes

• Sleep difficulties

• Psychomotor agitation or retardation

• Fatigue or loss of energy

• Diminished ability to think or concentrate

• Feelings of worthlessness or excessive guilt

- Suicidality

How do individuals suffering from major depressive disorders typically present?

Individuals suffering from major depressive disorders may present in a variety of different states. They may appear untidy or disheveled. Their personal hygiene may be lacking. They may appear troubled or distracted. They may exhibit behaviors that may seem odd or inconsistent with other patient populations. Also, individuals potentially suffering from major depressive disorders may display body language indicating a depressed mood, e.g. moving slowly, head tilting down, arms crossed, slouching.

In addition to their appearance, individuals suffering from major depressive disorders may use certain types of wording to describe or articulate their state. Examples of wording that may be used by individuals potentially suffering from major depressive disorders to describe or articulate their state may include:

- I am depressed
- I am feeling depressed
- I am feeling down
- I am feeling low
- I do not have any energy
- I am constantly fatigued
- I cannot sleep
- I can't eat
- I don't feel like eating
- I have lost a lot of weight
- I am having trouble sleeping through the night
- I can't think straight
- I can't concentrate
- I am feeling slow
- I am having trouble with my job

- I am having trouble with school
- I am having problems in my relationships
- I am worthless
- I am dealing with a lot of guilt
- I am carrying a lot of guilt
- I see no end in sight to my mood
- My depression has lasted for weeks
- I tried to cheer myself up, but I can't
- I have lost interest in previously enjoyable activities
- I cannot find happiness
- I do not want to live
- I want to die
- I want to kill myself

When attempting to distinguish specific wording regarding major depressive disorder, health care professionals should keep in mind that they may hear or encounter many different versions or variations of the previously highlighted language. Additionally, health care professionals should focus their attention on any patient's verbiage which may indicate symptoms of major depressive disorder.

How is major depressive disorder diagnosed?

Major depressive disorder is typically diagnosed by a physician using criteria outlined in the DSM-5. An individual may be diagnosed with major depressive disorder if he or she meets the following DSM-5 criteria:

- The individual must be experiencing five or more of the following symptoms during the same 2-week period and at least one of the symptoms should be either (1) depressed mood or (2) loss of interest or pleasure.

- Depressed mood most of the day, nearly every day.
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.

- Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day.
- A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).
- Fatigue or loss of energy nearly every day.
- Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
- Diminished ability to think or concentrate, or indecisiveness, nearly every day.
- Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

• To receive a diagnosis of depression, the previous symptoms must cause the individual clinically significant distress or impairment in social, occupational, or other important areas of functioning. The symptoms must also not be a result of substance abuse or another medical condition.

What issues or concerns should health care professionals pay particular attention to when attempting to identify or assist in the diagnoses of major depressive disorder?

There are many issues or concerns that may arise when attempting to identify or diagnose major depressive disorder - however, health care professionals should pay particular attention to the potential for suicidal ideation. Suicidal ideation may refer to thoughts of suicide and/or thoughts of planning suicide. Health care professionals should be very aware that individuals suffering from major depressive disorder may be suicidal. Health care professionals should make every effort to identify the potential for suicide and prevent patient suicide when applicable. Additional information regarding suicide and suicide prevention may be found in Figure 1.

FIGURE 1: INFORMATION REGARDING SUICIDE AND SUICIDE PREVENTION

• Suicide may refer to a death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

• A suicide attempt may refer to a non-fatal self-directed and potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

• Suicide is highly prevalent and one of the leading causes of death in the United States.

• Suicide rates vary by race/ethnicity, age, and other population characteristics. The population groups with some of the highest rates of suicide in the United States include non-Hispanic American Indian/Alaska Natives and non-Hispanic Whites.

• Research indicates that suicide, like other human behaviors, has no single determining cause. Suicide may occur in response to multiple biological, psychological, interpersonal, environmental and societal influences that interact with one another, often over time.

• Specific risk factors that may lead to suicide include the following:

- Individual issues such as: a history of depression and other mental illnesses, hopelessness, substance abuse, certain health conditions, previous suicide attempt, violence victimization and perpetration, and genetic and biological determinants.

- Relationship issues such as: high conflict or violent relationships, sense of isolation and lack of social support, family/ loved one's history of suicide, financial and work stress.

- Community issues such as: inadequate community connectedness, barriers to health care (e.g., lack of access to providers and medications).

- Societal issues such as: availability of lethal means of suicide, unsafe media portrayals of suicide, stigma associated with help-seeking and mental illness.

• Suicide is often connected to other forms of violence. Exposure to violence (e.g., child abuse and neglect, bullying, peer violence, dating violence, sexual violence, and intimate partner violence) is associated with increased risk of depression, post-traumatic stress disorder (PTSD), anxiety, suicide, and suicide attempts.

• Women exposed to partner violence are nearly 5 times more likely to attempt suicide as women not exposed to partner violence.

• Suicide can be prevented. Suicide prevention is best achieved by a focus across the individual, relationship, family, community, and societal-levels and across all sectors, private and public.

• Suicide prevention strategies may include the following:

- Strengthening economic supports - attempts to strengthen economic supports in order to prevent suicide can include measures to strengthen household financial security and housing.

- Strengthen access and delivery of suicide care - attempts to strengthen access and delivery of suicide care can include measures to cover mental health conditions in health insurance policies, efforts to reduce provider shortages in underserved areas and system changes that introduce safer suicide care.

Safety notes - Warnings associated with Zyprexa include the following: elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Zyprexa is not approved for the treatment of patients with dementia-related psychosis.

Considerations for special patient populations - Safety and effectiveness of Zyprexa in children < 13 years of age have not been established. Zyprexa should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Breast-feeding is not recommended.

Section 2: Summary

It is important for health care professionals to identify patients suffering from mental health disorders so they may receive treatment. Treatment options for mental health disorders include: psychotherapy, cognitive behavioral therapy, dialectical behavior therapy, interpersonal therapy, ECT, support groups and exercise as well as the use of medications. Some of the most widely prescribed medications used to treat mental health disorders includes: citalopram (Celexa), sertraline (Zoloft), fluoxetine (Prozac), escitalopram (Lexapro), lorazepam (Ativan), alprazolam (Xanax), diazepam (Valium), lithium, lamotrigine (Lamictal) and olanzapine (Zyprexa). Health care professionals should be familiar with mental health disorder treatment options to best serve patients being treated for mental health disorders.

Section 2: Key Concepts

• It is vital for health care professionals to possess insight into mental health disorders in order to effectively identify the presence of mental health disorders.

• It is paramount that patients suffering from mental health disorders receive treatment.

• Treatment for mental health disorders includes: psychotherapy, cognitive behavioral therapy, dialectical behavior therapy, interpersonal therapy, ECT, support groups and exercise, as well as the use of medications.

• Some of the most widely prescribed medications used to treat mental health disorders includes: citalopram (Celexa), sertraline (Zoloft), fluoxetine (Prozac), escitalopram (Lexapro), lorazepam (Ativan), alprazolam (Xanax), diazepam (Valium), lithium, lamotrigine (Lamictal) and olanzapine (Zyprexa).

• Health care professionals should be familiar with available mental health disorder treatment options.

Section 2: Key Terms

Psychotherapy (also known as talk therapy) - the use of psychological techniques and/or psychotherapeutic approaches to help individuals overcome problems and develop healthier habits[3]

Cognitive behavioral therapy - a form of psychotherapy which focuses on helping individuals solve problems and create positive outcomes by changing unrealistically negative patterns of thought and behavior[4]

Dialectical behavior therapy - a form of psychotherapy which focuses on identifying self-destructive behaviors and negative thought patterns to foster positive behavioral changes[5]

Interpersonal therapy - a time-limited, structured form of psychotherapy which focus on interpersonal relationships in order to improve social functioning while limiting the distress associated with mental health disorders[6]

Electroconvulsive therapy (ECT) - a procedure in which small electric currents are passed through the brain in order to trigger seizures to treat mental health disorders[7]

Section 2: Personal Reflection Question

What therapeutic options may be used to treat patients suffering from mental health disorders?

Course Review

The following questions are presented below to further review the concepts found in this course. By reviewing the following questions, health care professionals can obtain practical knowledge, which may be used to ensure the safe and effective administration of health care to individuals suffering from or living with mental health disorders.

What is major depressive disorder?

Major depressive disorder may refer to a form of depression that occurs most days of the week for a period of 2 weeks or longer leading to clinically significant distress or impairment in social, occupational, or other important areas of functioning.

What are potential symptoms of generalized anxiety disorder?

Symptoms of generalized anxiety disorder may include the following: excessive anxiety, excessive worry

restlessness, persistent feelings of being keyed up or on edge, fatigue, difficulty concentrating, mind feeling blank at times (mind going blank),irritability, muscle tension and sleep difficulties.

What is a key difference between bipolar I disorder and bipolar II disorder?

Health care professionals may identify several differences between bipolar I disorder and bipolar II disorder. With that said, a key difference between bipolar I disorder and bipolar II disorder is the presence of manic episodes versus hypomanic episodes. Bipolar I disorder is characterized by manic episodes while bipolar II disorder is characterized by hypomanic episodes. A manic episode may refer to a distinct period of abnormally and persistently elevated, expansive, or irritable mood with increased goal-directed activity and energy. A hypomanic episode may refer to a period of persistent disinhibition and mood elevation.

What is cognitive behavioral therapy?

Cognitive behavioral therapy may refer to a form of psychotherapy which focuses on helping individuals solve problems and create positive outcomes by changing unrealistically negative patterns of thought and behavior.[4]

What is electroconvulsive therapy (ECT)?

ECT may refer to a procedure in which small electric currents are passed through the brain in order to trigger seizures.[7] It is believed the seizures initiated by ECT alter the chemistry of the brain leading to a reversal of mental health disorder related symptoms.[7] ECT is often used in patients where other therapeutic options have failed.

Regarding Celexa, what considerations should be made for special patient populations?

There may be many considerations required by health care professionals when administering Celexa to special patient populations. However, according to materials provided by the FDA, some of the most pertinent considerations for special patient populations include the following: Celexa is not approved for use in pediatric patients; 20 mg/day is the maximum recommended dose for patients who are greater than 60 years of age, patients with hepatic impairment, and for CYP2C19 poor metabolizers or those patients taking cimetidine or another CYP2C19 inhibitors; no dosage adjustment is necessary for patients with mild or moderate renal impairment; Celexa should be used with caution in patients with severe renal impairment; Celexa falls into Pregnancy Category C.[9]

What contraindications are associated with Lexapro?

According to materials provided by the FDA, Lexapro is contraindicated in patients with a known hypersensitivity to escitalopram or citalopram or any of the inactive ingredients.[9] Additional contraindications of Lexapro include: concurrent use of Lexapro with a MAOI (Lexapro should

not be used within 14 days of stopping a MAOI intended to treat psychiatric disorders) as well as concurrent use of Lexapro with linezolid, intravenous methylene blue and pimozide.[9]

According to materials provided by the FDA, what warnings are associated with the concomitant use of Ativan and opioids?

The warnings associated with the concomitant use of Ativan and opioids include the following: concomitant use of benzodiazepines, including Ativan, and opioids may result in profound sedation, respiratory depression, coma, and death.[9] Because of these risks, reserve concomitant prescribing of these drugs for use in patients for whom alternative treatment options are inadequate.[9]

Regarding Valium, what considerations should be made for special patient populations?

There may be many considerations required by health care professionals when administering Valium to special patient populations. However, according to materials provided by the FDA, some of the most pertinent considerations for special patient populations include the following: in elderly patients, it is recommended that the dosage be limited to the smallest effective amount to preclude the development of ataxia or over sedation (2 mg to 2.5 mg once or twice daily, initially to be increased gradually as needed and tolerated); Valium falls into Pregnancy Category D; breastfeeding is not recommended in patients receiving Valium.[9]

According to materials provided by the FDA, what warnings are associated with lithium?

Warnings associated with lithium include the following: lithium toxicity is closely related to serum lithium concentrations, and can occur at doses close to therapeutic concentrations, facilities for prompt and accurate serum lithium determinations should be available before initiating therapy; lithium-induced polyuria may develop during initiation of treatment; monitor for lithium toxicity and metabolic acidosis; dehydration from protracted sweating, diarrhea, or elevated temperatures from infection increases risk of hyponatremia and lithium toxicity; lithium-induced chronic kidney disease may occur and may be associated with structural changes in patients on chronic lithium therapy, monitor kidney function during treatment with lithium; hypothyroidism and hyperthyroidism may be possible, monitor thyroid function regularly; hypercalcemia and hyperparathyroidism may be associated with long-term lithium use, monitor serum calcium.[9]

According to materials provided by the FDA, what warnings are associated with Lamotrigine (Lamictal)?

Warnings associated with Lamictal include the following: cases of life-threatening serious rashes, including Stevens-Johnson syndrome and toxic epidermal necrolysis, and/or rash-related death have been caused by lamotrigine; the rate of serious rash is greater in pediatric patients than in adults; benign rashes are also caused by Lamictal; however, it is not possible to predict

which rashes will prove to be serious or life threatening; Lamictal should be discontinued at the first sign of rash, unless the rash is clearly not drug related.[9]

Conclusion

Health care professionals must be able to effectively identify specific mental health disorders in order to best serve their patients. To do so, health care professionals should possess an understanding of mental health disorders and their presentation, especially when it pertains to the most widespread mental health disorders presently found among patient populations. That being said, some of the most widespread mental health disorders currently found in the health care climate include: depressive disorders, anxiety disorders and bipolar disorders.

A depressive disorder may refer to a mood disorder characterized by a persistent depressed mood and/or anhedonia, which ultimately causes significant interference in daily life. There are many different types of depressive disorders including: major depressive disorder, persistent depressive disorder, seasonal affective disorder, psychotic depression, postpartum depression, premenstrual dysphoric disorder and atypical depression. Of the previously highlighted types of depression, one of the most common types of depressive disorders is major depressive disorder. When attempting to identify and/or assist in the diagnoses of major depressive disorder, health care professionals should note the signs and symptoms of major depressive disorder, e.g. depressed mood, anhedonia, appetite changes, weight changes, sleep difficulties, feelings of worthlessness or excessive guilt and/or suicidality, as well as the appearance, behavior, word choices and body language of patients. Health care professionals should also be very aware that individuals suffering from major depressive disorders or other depressive disorders may be suicidal. Health care professionals should make every effort to identify the potential for suicide and prevent patient suicide when applicable.

In addition to depressive disorders, health care professionals may also encounter many patients suffering from anxiety disorders. An anxiety disorder may refer to a mental health disorder characterized by prolonged periods of persistent, excessive worry about a number of events or activities, which cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. The various types of anxiety disorders include: generalized anxiety disorder, panic disorder, separation anxiety disorder, social anxiety disorder, agoraphobia and other types of phobias. When attempting to identify and/or assist in the diagnoses of generalized anxiety disorder, health care professionals should note signs and symptoms, e.g. excessive anxiety, excessive worry, restlessness, as well as the appearance, behavior, word choices and body language of patients. Health care professionals should also make an effort to note the presence of any of the main issues or concerns that may accompany anxiety disorders such as depression and suicidal ideation.

Health care professionals should also be familiar with bipolar disorders. The two main types of bipolar disorder include bipolar I disorder and bipolar II disorder. Bipolar I disorder is characterized by the presence of manic episodes, which may lead to marked impairment and can include psychosis/psychotic features, while bipolar II disorder is characterized by the presence of hypomanic episodes that are typically not severe enough to cause marked impairment and do not include psychosis/psychotic features. Signs and symptoms of bipolar disorders include the following: inflated self-esteem, grandiosity, decreased need for sleep, pressured speech, racing thoughts or flight of ideas, distractibility, increased activity, excess pleasurable or risky activity as well as the potential for depressive signs and symptoms. When attempting to identify and/or assist in the diagnoses of bipolar disorders, health care professionals should note the aforementioned signs and symptoms as well as the appearance, behavior, word choices and body language of patients. Furthermore, health care professionals should note that individuals potentially suffering from a bipolar disorder often report or elude to periods of increased sexual activity and/or spending. Moreover, individuals suffering from bipolar disorder may present with additional issues and concerns such as substance abuse. Thus, health care professionals should be familiar with the signs and symptoms of substance abuse.

It is important for health care professionals to identify patients suffering from mental health disorders so they may receive treatment. Treatment for mental health disorders includes: psychotherapy, cognitive behavioral therapy, dialectical behavior therapy, interpersonal therapy, ECT, support groups and exercise as well as the use of medications. With that said, it is of the upmost importance for health care professionals to possess insight regarding mental health disorder identification and treatment. The effective identification of mental health disorders and treatment can provide patients suffering from mental health disorders the help they require to, ultimately, optimize outcomes and improve upon their quality of life.

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