Behavioral Health Care in Virginia: Mental Health, Mental Retardation & Substance Abuse Treatment and Prevention

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Objectives for Today

- Broad overview of the nature and focus of public sector behavioral health care
- Brief overview of the disorders most typically seen in behavioral health care settings
- Engage in some discussion of "big picture" issues

Brief Overview of Psychiatric Disorders

Important Categories Of Mental Illness:

- Psychotic disorders
- Mood disorders
- Personality disorders
- Anxiety disorders

Psychotic Disorders:

- Disturbances in thinking, perception, communication, and behavior
- Usually first observed during adolescence or early adulthood
- Chronic, variable course
- Most common is schizophrenia

Psychosis

- Refers to the degree of severity of symptoms, not to a specific psychiatric disorder
- Thinking is so impaired that it interferes with ability to meet the ordinary demands of life

Two Types Of Psychotic Symptoms:

- **Delusion** - ***false belief*** that an individual holds in spite of logical proof to the contrary - interferes with social adjustment
- **Hallucination** - a ***false perception***; a sensation of sight, hearing, smell, or taste that has no real world stimulus to cause it

Other Psychotic Symptoms:

- Disturbance of affect or emotion- "flat" or inappropriate
- Bizarre behaviors
- Paranoid behaviors
- Cognitive disturbances
- Thought disorder

Mood Disorders

- Disturbances of a person's mood which are *not due to alcohol or drugs, physical illness, or other types of mental illness*
- Two extreme abnormalities of mood – depression and mania – exist on either end of the continuum of the two basic, normal moods of sad and happy

Mood Disorders Are Classified Into Two Categories:

- Bipolar disorders (manic depression) are shown by distinct manic episodes that occur with or without the presence or history of depression.
- (Unipolar) Depressive disorders involve depression symptoms only, not manic symptoms.

Manic Episode

A distinct period of abnormally and persistently elevated, expansive, or irritated mood that is severe enough to cause marked impairment in occupational, social, or interpersonal functioning

Depressive Symptoms

"Where does depression hurt?"

May appear in emotional, cognitive, motivational, and physical ways including dejected mood, negative feelings toward self, withdrawal, crying, lack of energy, sleep and appetite disturbances

Personality Disorders

Enduring patterns of inner experience and behavior that:

- deviate markedly from the expectations of the individual's culture
- are **pervasive and inflexible**
- often recognized in adolescence or early adulthood
- are **stable over time**
- **lead to distress or impairment**

Personality Disorders Are Clustered Into Three Areas:

- **Odd or eccentric** features (paranoid, schizoid, schizotypal)
- **Dramatic/emotionally erratic** features (antisocial, borderline, narcissistic, histrionic)
- Significant features of **anxiety** (avoidant, dependent, obsessive–compulsive)

Antisocial Personality Disorder

- A pervasive pattern of disregard for, and violation of, the rights of others
- Deceit and manipulation are central features
- Criminal justice staff might be more familiar with the related terms of "criminal thinking", "psychopathy" or "sociopathy"

Borderline Personality Disorder

- A pattern of instability in interpersonal relationships, shifting self–image and emotions, and frequent impulsive actions
- Impulsivity, difficulty tolerating boredom, and inappropriate anger combine to create situations that arouse the attention of law enforcement

Anxiety Disorders

- Anxiety: sensations of nervousness, tension, apprehension, and fear that come from the anticipation of danger, which may be internal or external
- Panic attack: distinct period of intense fear or discomfort that develops abruptly, usually peaking within a few minutes or less
- Phobias: the focus of anxiety is a person, thing or situation that is dreaded, feared, and probably avoided

Substance Abuse

Substance Related Disorders:

- **Substance Use Disorders** – substance abuse and dependence
- **Substance–Induced Disorders** – intoxication, withdrawal, and clinical syndromes caused by substances

Substance Abuse

- A **maladaptive pattern** of substance use shown by recurrent and **significant negative consequences** related to the repeated use of substances
- Unlike Substance Dependence, it **does not include tolerance, withdrawal, or a pattern of compulsive use**
- Could be any level of use coupled with problems experienced as a s result of same

Substance Dependence

- A cluster of cognitive, behavioral, and physiological symptoms indicating that the individual **continues use of the substance despite significant substance–related problems**
- An ***often progressive pattern*** of repeated self–administration that usually results in tolerance, withdrawal, and ***compulsive drug–taking behavior***

Tolerance And Withdrawal Vary Across Substances

- Tolerance: need for increasing doses of a substance to maintain its effects
- Withdrawal: physical and psychological effects that occur when use of drug is significantly decreased or stopped
  - There is a craving for the drug when one is abstinent and these symptoms are relieved when the drug is taken again

Remission:

- early (at least one month) or sustained (at least one year) depending on how long ago the remission began
- partial or full depending upon how complete the remission is
- Individuals typically return to some intermittent pattern of use after they attempt to establish abstinence.

2006 Monitoring the Future (MTF) survey

- 47% of American young people have tried cigarettes by 12th grade
- Almost a quarter (22%) of 12th graders are current smokers…
- 25% have tried cigarettes by 8th grade, and 9% are current smokers

2006 Monitoring the Future (MTF) survey

- More than half (56%) of 12 graders and 20% of 8th graders have been drunk at least once
- OxyContin use among younger students reached highest level so far:
  - 2.6% among 8th graders
  - 3.8% among 10th graders
- Annual prevalence of marijuana use fell by:
  - 0.5 percentage points in 8th grade (11.7%)
  - 1.4 percentage points in 10th graders (25.2%)
  - 2.1 percentage points among 12 graders (31.5%)

Mental Retardation

Mental Retardation

- Old Definition: I. Q. of less than 70 (100 is theoretical average)
- New Definition: ***Measured on three axes*** – (a) "sub-average I.Q.", plus (b) some "functional limitation(s)", plus © age of onset prior to age 18.
- Either way, psychological testing is/was required for diagnosis

Services for People with Mental Retardation

- Old Approach: Institutional care for a lifetime; person was "managed and cared for in either state facilities, or, for very wealth Americans, private institutions designed to accomplish the same thing.
- New Approach: ***Treatment or services provided in the least restrictive environment,*** *preferably the home community.*

Services for People with Mental Retardation

- Advocacy for ***de-institutionalization*** has been very strong among a very vocal parental advocacy base;
- However, parents of those with Mental Retardation are actually split into two opposing camps – a minority support facility-based care, support institutions, others vehemently opposed to it.

Funding for Services for People with Mental Retardation

- Old Approach: State general funding, plus whatever else the family could afford to contribute to improve the amount, level or quality of care.
- New Approach: ***Rehabilitation services funded largely by States' Medicaid Waivers;*** *this involves state funds used to draw down additional federal dollars.*

Funding for Services for People with Mental Retardation

- Providers of Medicaid Waiver Services for people with MR in Virginia have not had rate increases for many years.
- Current federal budget discussions involve block granting Medicaid to states in return for capping the total federal expenditure. This could cripple waiver programs in many states including Virginia.

Special Considerations with Behavioral Disorders

What Do the Terms "Dual Diagnosis" or "Co-Occurring Disorders" Mean?

Usually, the presence of <u>any two</u> of the following classes of disorders:

- Substance abuse or dependence
- A major mental disorder, usually Major Depression, Bipolar Disorder, or Schizophrenia
- Mental Retardation

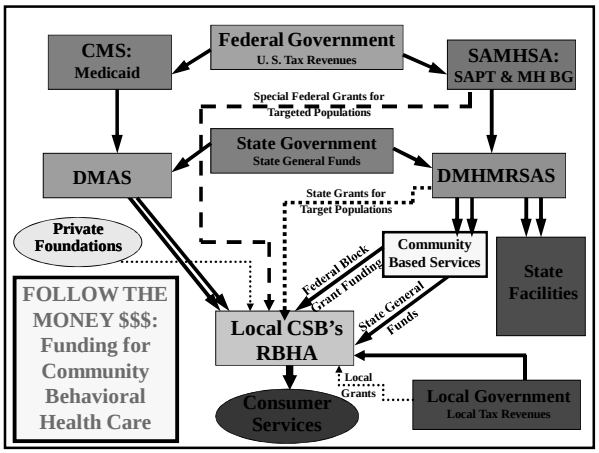
Criminal Justice Populations:

Rates of both substance abuse and mental illness disorders are higher in the criminal justice populations than in the population at large

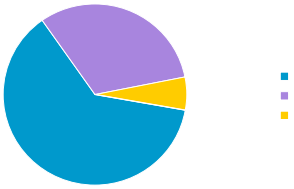
Core Features Of Relapse Prevention:

- Psychoeducation
- Identifying high risk situations and warning signs
- Development of coping skills
- Development of new lifestyle behaviors
- Increasing self–efficacy
- Drug and alcohol monitoring

Follow the Money

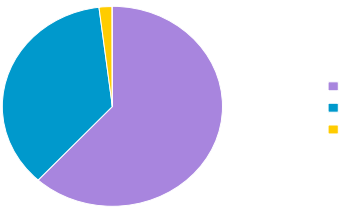


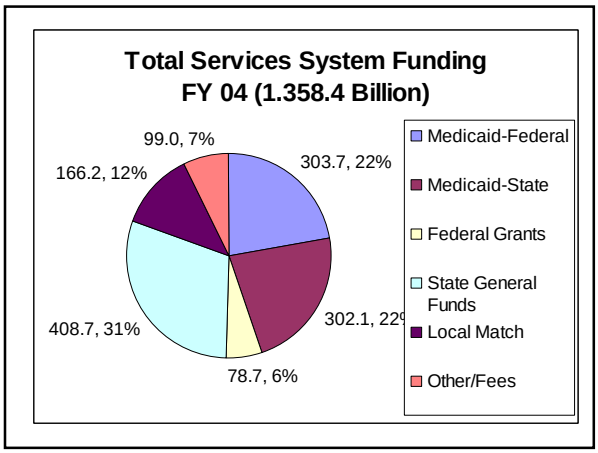
DMHMRSAS Expenditures FY 02 (754.5 Million)



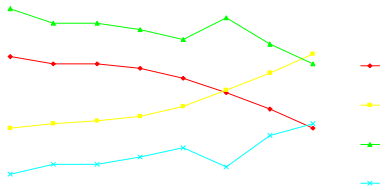
Total Services System Funding FY 04 (1.358.4 Billion)

(State, Federal, Medicaid, Local Sources)





State MH Expenditure in Facility vs. Community



Rank and Per Capita State Expenditures for Inpatient and Community MH Services

	FY '01			
			7th	
			41st	

Number of Individuals Receiving CSB Services by MH Core Service in FY 2004

TOTAL Individuals Served	181,396
TOTAL Unduplicated Individuals	109,175

CSB Mental Health Waiting List Count 2005	
Adults with Serious Mental Illnesses	4,365
Children & Adolescents With or At Risk of Serious Emotional Disturbance	2,002
Total MH	6,367

Source: Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services Comprehensive State Plan, January to April 2005

Source: Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services Comprehensive State Plan, January to April 2005

CSB Substance Abuse Waiting List Count 2005	
Adults with Substance Dependence or Abuse	2,992
Adolescents with Substance Dependence or Abuse	397
Total SA	3,389

Source: Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services Comprehensive State Plan, January to April 2005

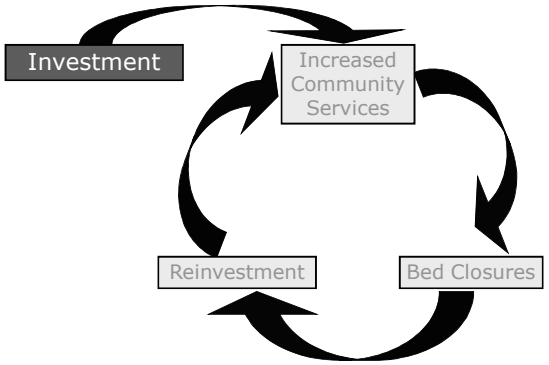
Total CSB Mental Health, Mental Retardation, and Substance Abuse Services Waiting List Count 2005	
Grand Total on All CSB Waiting Lists	14,930

Source: Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services Comprehensive State Plan, January to April 2005

Relevant System Goals for the Future

- Provide quality services closer to where people live.
- Expand services available in the community, while maintaining state facility services as an essential component of the services system.
- Develop more state, regional, and local partnerships among CSBs, state facilities, consumer and family organizations, private providers, and the state MHMRSAS Department.
- Facilitate local & regional collaborative management and "shared ownership" of state facility and community inpatient services

Long-Term System Restructuring



System Challenges

- Developing sufficient community capacity to restructure local systems of care and address growing community need in a chronically under-funded system.
- Responding to the needs of specific and distinct populations, particularly children and adolescents, forensics, geriatrics, mental retardation, and substance abuse.
- Continuing uncertainty about the availability of local acute psychiatric beds across the Commonwealth.
- Developing innovative new service models such crisis stabilization to address treatment needs in the community.

Key Concerns in a Period of Transformation:

- State of the art Risk Assessment
  - "life or death" issues
    - Suicide risk
    - Homicide or other risk of violence to others
- Clear understanding and ability to educate about Best Practices

Key Concerns in a Period of Transformation:

- Clear understanding of where treatment is most effective and efficient with ability to document why
- Expertise in sound clinical documentation (of all of the above) that is "medico-legally safe"

Key Concerns: Legal Clarity

Involuntary temporary detention may be issued according to VA law if the person:

- Has a mental illness
- Presents an imminent danger to himself or others as a result of mental illness, or is so seriously mentally ill as to be substantially unable to care for himself
- Is in need of hospitalization or treatment
- Is unwilling/incapable to volunteer for hospitalization or treatment

Legal Barrier Example

- Tragedy at Virginia Tech on April 16, 2007
- When law and mental illness intersect…
- Identify people who need treatment for mental illness in order to assess if they pose a danger…BUT
  What if they don't want treatment?

Key Concepts in a Period of Transformation: RECOVERY

- Has become a popular concept in guiding system reform
  - President's New Freedom Commission Final Report
  - SAMHSA vision
  - Commonwealth of Virginia DMHMRSAS Strategic Plan

President's New Freedom Commission on Mental Health

Achieving the Goal: Recommendation 2.2

Involve consumers and families fully in orienting the mental health system toward recovery

Vision Statement:

"We envision a future when everyone with a mental illness will recover…"

What is Recovery?

A Conceptual Model

Jacobson and Greenley; Psych Services; April 2001

- **Internal Conditions**
  - Attitudes,experiences and processes of change of individuals who are recovering
    - **Hope** – belief that recovery is possible
    - **Healing** – control, and define self apart from the illness
    - **Empowerment** – autonomy, courage, and responsibility
    - **Connection**

What is Recovery?

A Conceptual Model

Jacobson and Greenley; Psych Services; April 2001

- **External Conditions**
  - Circumstances, events, policies and practices that may facilitate recovery
    - **Human Rights**
    - **A positive culture of healing**
    - **Recovery-oriented services**

Implications for Providers

(Torrey and Wyzik, Comm. Mental Health Journal, April 2002 The Recovery Vision as a Service Improvement Guide)

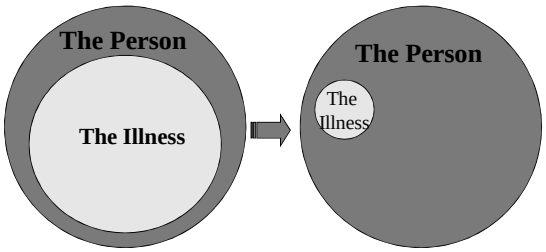
- People with psychotic illnesses and other severe mental illnesses have written about their life experiences
- Customer feedback is an essential ingredient of healthcare quality improvement
- Consumer's insights should be valuable to providers who wish to improve services

Recovery Vision Implementation:

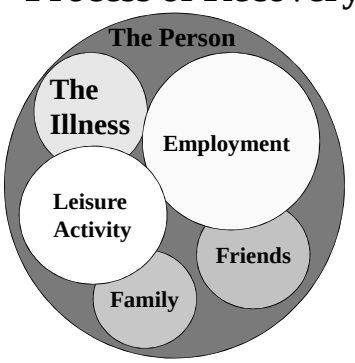
(Torrey and Wyzik)

- Promoting Hopefulness
  - The restoration of morale
- Supporting consumers' efforts to take personal responsibility for their health
- Helping Consumers develop broad lives that are not illness-dominated

Process of Recovery



Process of Recovery



Recent Trends in Public Sector Behavioral Health Care: Disaster Preparedness

- RESPONSE TO TERRORIST ATTACKS
- PREVENTION OR REDUCTION OF PSYCHIATRIC INJURIES IN MASS DISASTERS/TRAGEDIES IS POSSIBLE.
- TRAINING AND PREPARATION ARE KEY.

Recent Examples of Disasters

- Traumatic Wars (Defeat, purposelessness, societal polarization) e.g. US in Iraq
- Genocides (Rwanda genocide 1994)
- Acts of Nature & Accidents (Katrina; Chernobyl reactor meltdown)
- Loss of National Leaders (Kennedy)
- Military or Terrorist Strikes such as recent events – "9/11"

Acute Stress Disorder

- Three of the following: numbing, detachment, absence of emotions, reduction in awareness, derealization, depersonalization, amnesia
- One of the following: recurrent images or thoughts, dreams, nightmares, flashbacks
- Avoidance of reminders
- Anxiety, insomnia, irritability, hypervigilance, startle reflex, restlessness
- 2 days-4 weeks duration within 4 weeks of event.

Post-Traumatic Stress Disorder

- If symptoms persist more than one month
- Can be delayed in onset—6 months or more
- Can be chronic—duration >3 months
- Additional symptoms include: intense stress from reminders, loss of interest in activities, isolation from others, loss of emotions, loss of sense of future; occupational/social dysfunction.

Increased Risk for Other Illness

- People exposed to trauma are at higher risk for:
  - Major Depression
  - Panic Disorder
  - Generalized anxiety disorder
  - Substance Use Disorders
  - HTN, asthma, chronic pain

Epidemiology of PTSD

- 5-6% of men and 10-14% of women have had PTSD at some time in their lives.
- 4th most common psychiatric illness
- PTSD can develop in someone without any history of psychiatric problems.
- 55% chance of PTSD from rape; 7.5% chance from accident

Prediction and Prognosis

- Nearly everyone has some degree of acute stress disorder some time in their life but recover rapidly.
- Based on data from the Oklahoma City Bombing in 1995, 35% of those directly exposed to the September 11 attacks will develop PTSD: 100,000 x .35=35,000 cases

Recovery from PTSD

- 26% resolve within 6 months
- 40% resolve within 12 months
- Females recover much slower than males.

Prevention

- At least four major reviews in 2002 of so-called "psychological debriefing" found no evidence that debriefing prevents or reduces the severity of PTSD.
- Meta-analysis of incident stress debriefing studies (Lancet 2002) found debriefing does not improve natural recovery from trauma.

Treatment

- Various forms of psychotherapy
- Medications: antidepressants, mood stabilizers, anti-psychotics
- Combinations of psychotherapy and medications

Mental Health Deployment Assets

- Federal Government
  - Dept. of Defense
  - Department of Veterans Affairs
  - Federal Emergency Management Agency
  - National Inst. Of Health and PHS

Other Deployment Assets

- Local Community Mental Health Centers
- American Red Cross Disaster Mental Health Services
- Non-governmental agencies: APA

Psychological Preparation

- Experiences in many disasters and military experiences have shown that the most important method of preventing psychiatric casualties is…..(do you know?)

DISASTER TRAINING

- Persons with disaster training feel a greater sense of control during the disaster.
- Greater control during disasters reduces the risk of acute stress disorder and PTSD.
- Training reduces the fear of the unknown, invisible nature of chemicals, infectious agents and radiation.