STD's and Mental Health – *individual and community impact*

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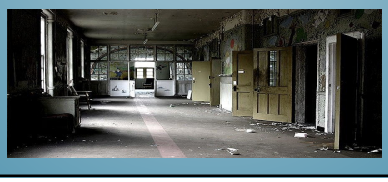
Objectives:
the learning experience

- Mental health (MH) and mental illness (MI) conditions
  - A brief overview
- Public Health action plan for MH promotion
- Challenges and impact to sexual & relational health
  - Relationship between MH and risky sexual behavior
- Addressing individual's needs and circumstances
  - Behavior change model for reducing STD/HIV risk
    - » Purposeful reflection

What do YOU engage in that you probably shouldn't…

Activity

History Highlights of Mental Illness



Introduction to MH and MI

- Mental illness can affect any age, religion, or income.
- Mental illness are not the result of personal weakness or lack of character.
- In many cultures, those with mental illnesses were considered the bottom of society.
- Many were locked away in jails, back rooms, abused in Asylums and used for entertainment.
- Those with mental illness were often said to be involved with witchcraft and were demonically possessed.
- Those suffering from a mental illness were commonly referred to as lunatics, mania and melancholy lunatics.
- Barbaric treatments included ice baths, making the person vomit, and bleeding the victim of all their "bad blood", often resulting in death.

Introduction to MH and MI

- 1900's Sigmund Freud came to America to lecture on psychoanalysis.
- 1930's doctors began trying different procedures to help patients
  - Insulin for schizophrenia
  - Frontal Lobotomy
- 1940's the use of Electrotherapy to treat mental illness.
- 1950's the first medication was called chlorpromazine, then haloperidol, and then lithium.
- 1970 the first serotonin dopamine antagonist.

Mental Health (MH) Mental Illness (MI)

- Mental health or well-being is characterized by the presence of positive affect (e.g., optimism, cheerfulness, interest, etc) absence of negative affect; a satisfaction with life.
  - Consists of having physical health, intellectual challenges, close family ties, engaging social relationships, and perhaps some kind of spiritual connection.
  - Can also be defined as an expression of emotions, and as signifying a successful adaptation to a range of demands.
- Mental illness – or may referred to as mental disorder - characterized by alterations in thinking mood or behavior associated with distress or impaired functioning. Can also be defined as an expression of emotions, and as signifying a successful adaptation to a range of demands.
  - A psychological pattern or anomaly, potentially reflected in behavior that is generally associated with distress or disability and which is not considered part of normal development of a person's culture.

Public Health Strategies: Mental Health (MH) and Mental Illness (MI) Prevention

A broad public health approach:
Integration of MH and MI that includes clinical diagnosis and treatment of MI, as well as surveillance, research and promotion of MH.

- 1999 - Surgeon General's office released its first report on Mental Health.
  - Mental disorders are among the most prevalent and costly conditions in the US.
  - MH promotion and MI prevention are recognized as critical to good health.
  - Depression is among the leading global causes of life-years lived with disability.

Public Health Strategies: Mental Health (MH) and Mental Illness (MI) Prevention cont'

- Influences on MH and MI disparities among diverse populations have been described in terms of social determinants, interventions, and outcomes.
- A lack of infrastructure development in poor urban neighborhoods has led to communities that are disenfranchised and has deteriorate social networks.
- It is essential that public health system clearly define population disparities, set goals for improvement, focus on community-based research, and educate the community about the effects of social determinants of health on MH and MI.

Those with Mental Illness – who do you know?

- Isaac Newton – mathematician – nervous breakdowns
- Ludwig Beethoven – musician – bipolar disorder
- Abraham Lincoln – 16th US President - depression
- Vincent Van Gogh – painter – depression, committed suicide at age of 37.
- Virginia Woolf – novelist – swings of bipolar her entire life.
- President Roosevelt - bipolar disorder
- Jane Pauley – NBC newscaster – depression/bi-polar
- John Nash – Nobel Prize mathematics – schizophrenia
- Ruth Graham (daughter of Billy Graham) depression, drugs, thoughts of suicide
- Jonathon Winters – comedian – Generalized Anxiety Disorder (GAD)
- Sheryl Crow – musician – depression
- Lionel Aldridge - NFL Green Bay Packers - schizophrenia
- Buzz Aldrin - Astronaut - bipolar disorder and depression
- Charlie Pride - Country singer – bi-polar disorder
- Janet Jackson – clinical depression
- DMX – Hip Hop artist – Bi-polar, penchant for crack cocaine and alcohol addiction
- Your mom, dad, siblings, children, best friend, minister, teacher, co-worker, neighbor

The Numbers 2007

www.nami.org

Simply put, treatment works if

you can get it!

- *One in four adults – 57.7. million Americans – experience a mental health disorder in a given year.*
- *About 2.4 million Americans , or 1.1% of the adult population, lives with schizophrenia.*
- *Major depressive disorder affects 6.7% of adults or about 14.8 million Americans.*
- *An estimated 5.2 million adults have co-occurring mental health and addiction disorders.*
- *Racial and ethnic minorities are less likely to have access to mental health services and often receive poorer quality of care.*
- *In the US, the annual economic, indirect cost of mental illness is estimated to be $79 billion. Most of that amount-approximately $63 billion-reflects the loss of productivity as a result of illnesses.*
- *Individuals living with serious mental illness face an increased risk of having chronic medial conditions. Adults living with serious mental illness die 25 years earlier than other Americans.*
- *Fewer than one-third of adults and one-half of children with a diagnosable mental disorder receive mental health services in a given year.*

Mental Illness Classified

1952 - Diagnostic and Statistical Manual of Mental Disorders (DSM) 6 editions, DSM-V out May 2013

AXIS I – clinical disorders including major mental disorders, learning disorders, and substance use disorders.

Axis II – personality disorders, intellectual disabilities

Axis III – Acute medical conditions and physical disorders

Axis IV – psychosocial and environmental factors contributing to the disorder

Global Assessment of Functioning or Children's Global Assessment Scale

The DSM - Only to be used by trained professionals. By design, the DSM is primarily concerned with signs and symptoms of mental disorders, not the underlying causes

High-risk sexual behaviors and MI diagnosis

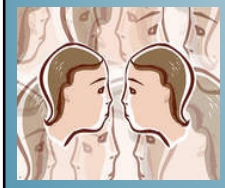
- Bi-polar Disorder:
  - Depression; anxiety; poor judgment; difficulty with job; school, relationships.
  - Manic stage: Euphoric, inflated self-esteem; aggressive behavior; risky behavior; easily distracted.
- Conduct Disorder:
  - Angry behaviors; defiant behaviors; hostile behaviors.
- Post Traumatic Stress Disorder (PSTD):
  - Flashbacks or reliving traumatic event; elf-destructive behavior (drugs/alcohol); irritability or anger; difficulty maintaining close relationships; feeling emotionally numb.
- Attention-deficit/Hyperactivity Disorder:
  - Easily distracted; often forgetful; often fails to pay close attention to details; seems not to listen even when spoken to directly; often has problems organizing thoughts or tasks.

IMPULSIVITY AND WRECKLESS BEHAVIORS

Mental Health Challenges – factors that influence the relationship between mental health and risky behavior

- Exposure to traumatic and/or abusive experiences in early childhood that may affect both mental and sexual health.
- Internal and external stigmatization can lead to expectations of rejection and subsequent loss of confidence to fully participate in a romantic relationship.
- Care providers must keep in mind that cognitively impaired individual's nonadherence to preventing risky behavior may be a result of the impairment and not caused by denial, resistance, or unwillingness to accept care and suggestions.
- Lack of basic education regarding STDs/HIV prevention and pregnancy.
- Stigma around sexual orientation.
- Current support group / social network.
- Cultural and ethnicity of individual's population.

Key Concepts



- What people know and think affects how they act.
- Perceptions, motivations, skills and social environment are key influences on behavior.
- Motivational interviewing.
- Self monitoring.
- Stress management.
- Cognitive restructuring.
- Social support.
- Relapse prevention.

Addressing individual's needs and circumstances - a behavior change model for reducing STD/HIV risk

Motivational Interviewing (MI) The Stages of Change

- Motivational interviewing is a form of collaborative conversation for strengthening a person's own motivation and commitment to change. It is a person-centered counseling style for addressing the common problem of ambivalence about change by paying particular attention to the language of change.
- It is designed to strengthen an individual's motivation for and movement toward a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.
- Motivational interviewing (MI) integrates an empathic, non-confrontational style of counseling with powerful behavioral strategies for helping clients convince themselves that they ought to change.

Motivational Interviewing

Using motivational interviewing techniques:

express empathy

try to avoid arguing with a client

encourage positive thinking

challenge the person's thinking without tackling resistance to change head on

show the client how his actions are in contrast to his goals

Stages of Change

Identifies target behavior and assesses individual's stage of readiness for change.

Precontemplation – no intention to change/raises awareness.

Contemplation – raise concerns/long term intention to change.

Preparation – short term intention to change/remove barriers and identify what is needed for success.

Action – short term, consistent behavior change/increase self-efficacy and support efforts.

Maintenance – long term, consistent behavior/change; increasingly more confident that they can continue their change.

Relapse – solidify commitment to change at each stage.

Change Talk

Change Talk refers to the client's mention and discussion of their 1) Desire; 2) Ability; 3) Reason; 4) Need to change behavior; and 5) Commitment to changing.

Listening for and appreciating the client's ambivalence about change is a key element of motivational interviewing.

In areas of health behavioral change, we are asking clients to give up something very important in their lives, often for things they don't understand or don't like.

Change talk categories: Desire, Ability, Reason, Need, and Commitment, or

DARN-C

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Decisional Balance Sheet
Staying the Same

Benefits to staying the same	*Downside to staying the same*
Downside of making a change	*Benefits to making a change*

Making a Change

- Listen for statements that support desired behavior.
- Explore in detail, summarize and emphasize.
- Shift focus from statements that lower probability of change.
- Discuss everyday routine and stresses.
- Validate the difficulty of the change.
- Highlight their positive strengths.

Purposeful Reflection

Listening skills.

Looking at the client's point of view.

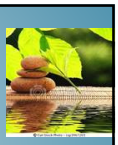
Checking/verifying understanding with the client frequently.

Treating the client with the utmost respect and regard.

Be congruent and transparent. This means that the counselor knows her/himself and is willing to be known. S/he is open and honest.

The counselor has no preconceived set of points to make which means that the session is driven by the client needs, issues, situations, ability and priorities.

Purposeful Reflection



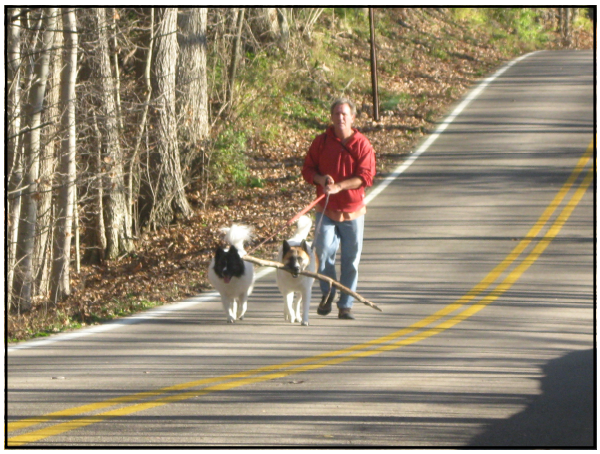
The counselor should speak not more that 50% of the time. The session is conversational!

The counselor works diligently to assist the client in achieving the client's goals.

Client and counselor work together to make individualized plans and goals.

Acknowledges client's concerns.

The counselor can provide options and then help clients work through their applicability.



Resources

link to a local mental health clinic and local health dept

subscribe to NAMI magazine

support groups for referral

free webinars, seminars, conferences

see mental health counseling

know crisis hotline numbers

www.cdc.gov – std/hiv

www.PreventHIVSTDohio.com

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