A Brief Overview: On Mental Illness and Psycho-Social Treatment for Mental Illness

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Abstract

Mental illness is typically a neglected issue in the developing world and is generally not even spoken of or recognized as a medical condition. There are only 5000 mental health professionals in India. Its saddening scenario that one in five people in India lives with a mental illness. According to the World Health Organization (WHO), countries like India devote less than 1% of their health budgets to mental health compared to 10%, 12%, and 18% in other countries. While there are as many as two crore (20 million) Indians suffering from mental illnesses, the country has only 3,500 psychiatrists and 1,500 psychiatric nurses to treat them. According to the Head of the Department of Psychiatry at New Delhi's G B Pant Hospital R C Jiloha, an estimated 1-2% of India's 100-crore plus population suffer from major mental disorders and about 5% of the population from minor depressive disorders. A major problem in developing countries is the existence of stigma towards mental illness and neurological disorders. Many patients are misunderstood as weak or dangerous. They are more likely to be the victims of violence rather than the perpetrators; it is an issue of human rights. This stigma leads to isolation, loss of social support and psychological distress. The Psycho social treatments are playing a vital role for solving the problem of mental illness in present society. Psychosocial treatments - including certain forms of psychotherapy (often called “talk-therapy”) and social and vocational training - are helpful in providing support, education, and guidance to people with mental illnesses and their families. Studies tell that psychosocial treatments for mental illnesses can help individuals decrease the negative effects of their illnesses and increase their functioning.

Keywords: Mental illness, Psycho social treatment, Functioning of individual, Disorders.

What is Mental Illness?

A mental illness is a medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life.

Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, posttraumatic stress disorder (PTSD) and borderline personality disorder. The good news about mental illness is that recovery is possible.

Mental illnesses can affect persons of any age, race, religion or income. Mental illnesses are not the result of personal weakness, lack of character or poor upbringing. Mental illnesses are treatable. Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan.

There are many different conditions that are recognized as mental illnesses. The more common types include:

Anxiety Disorders

People with anxiety disorders respond to certain objects or situations with fear and dread, as well as with physical signs of anxiety or nervousness, such as a rapid heartbeat and sweating. An anxiety disorder is diagnosed if the person's response is not appropriate for the situation, if the person cannot control the response, or if the anxiety interferes with normal functioning. Anxiety disorders include generalized anxiety disorder, post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), panic disorder, social anxiety disorder, and specific phobias.
Mood Disorders
These disorders, also called affective disorders, involve persistent feelings of sadness or periods of feeling overly happy, or fluctuations from extreme happiness to extreme sadness. The most common mood disorders are depression, mania, and bipolar disorder.

Psychotic Disorders
Psychotic disorders involve distorted awareness and thinking. Two of the most common symptoms of psychotic disorders are hallucinations—the experience of images or sounds that are not real, such as hearing voices—and delusions, which are false beliefs that the ill person accepts as true, despite evidence to the contrary. Schizophrenia is an example of a psychotic disorder.

Eating Disorders
Eating disorders involve extreme emotions, attitudes, and behaviors involving weight and food. Anorexia nervosa, bulimia nervosa and binge eating disorder are the most common eating disorders.

Impulse Control and Addiction Disorders
People with impulse control disorders are unable to resist urges, or impulses, to perform acts that could be harmful to themselves or others. Pyromania (starting fires), kleptomania (stealing), and compulsive gambling are examples of impulse control disorders. Alcohol and drugs are common objects of addictions. Often, people with these disorders become so involved with the objects of their addiction that they begin to ignore responsibilities and relationships.

Personality Disorders
People with personality disorders have extreme and inflexible personality traits that are distressing to the person and/or cause problems in work, school, or social relationships. In addition, the person's patterns of thinking and behavior significantly differ from the expectations of society and are so rigid that they interfere with the person's normal functioning. Examples include antisocial personality disorder, obsessive-compulsive personality disorder, and paranoid personality disorder.

Other, less common types of mental illnesses include:

Adjustment Disorder
Adjustment disorder occurs when a person develops emotional or behavioral symptoms in response to a stressful event or situation. The stressors may include natural disasters, such as an earthquake or tornado; events or crises, such as a car accident or the diagnosis of a major illness; or interpersonal problems, such as a divorce, death of a loved one, loss of a job, or a problem with substance abuse. Adjustment disorder usually begins within three months of the event or situation and ends within six months after the stressor stops or is eliminated.

Dissociative Disorders
People with these disorders suffer severe disturbances or changes in memory, consciousness, identity, and general awareness of themselves and their surroundings. These disorders usually are associated with overwhelming stress, which may be the result of traumatic events, accidents, or disasters that may be experienced or witnessed by the individual. Dissociative identity disorder, formerly called multiple personality disorder, or "split personality," and depersonalization disorder are examples of dissociative disorders.

Factitious Disorders
Factitious Disorders are conditions in which physical and/or emotional symptoms are created in order to place the individual in the role of a patient or a person in need of help.

Sexual and Gender Disorders
These include disorders that affect sexual desire, performance, and behavior. Sexual dysfunction, gender identity disorder, and the paraphilias are examples of sexual and gender disorders.

Somatoform Disorders
A person with a somatoform disorder, formerly known as psychosomatic disorder, experiences physical symptoms of an illness, even though a doctor can find no medical cause for the symptoms.

Tic Disorders
People with tic disorders make sounds or display body movements that are repeated, quick, sudden, and/or uncontrollable. (Sounds that are made involuntarily are called vocal tics.) Tourette's syndrome is an example of a tic disorder.

Other diseases or conditions, including various sleep-related problems and many forms of dementia, including Alzheimer's disease, are sometimes classified as mental illnesses, because they involve the brain.
Myth about Mental Illness

Mental disorders and illnesses are all in your head, and you can just get over them if you really want to. This earned the number one spot, not only because it’s general, but because it’s probably the most damaging myth on this list, since it can stop people from getting the support they need. Some people still believe that mental illnesses are all imagined by their sufferers, or that people who suffer from mental illness can’t really be having that much trouble and/or just don’t care enough about getting over it. People are especially likely to be dismissive if the illness isn’t well-known, and so many of them, even common ones, are not.

The fact that the same symptoms have been experienced by so many different people should prove that they are real - they can’t all be independently inventing the same symptoms. Any mental disorder, by definition, seriously affects the lives of the people who suffer from it, usually for the worse, or it would not be considered a disorder. And they are certainly not easy to get over. Most mental disorders are caused at least in part by a difference in the brain or an imbalance of chemicals. Even when it comes to the non-physical reasons, it’s very difficult to unlearn a thought pattern or habit - just choose any habit and try it. Plus, the disorder itself may stop someone from trying to get help: people with depression might think no therapist will be able to help them. If we could overcome mental illnesses just by wanting to, the world would be full of much happier and more productive people.

Causes of Mental Illness

Mental illnesses, in general, are thought to be caused by a variety of genetic and environmental factors:

Inherited Traits

Mental illness is more common in people whose biological (blood) relatives also have a mental illness. Certain genes may increase your risk of developing a mental illness, and your life situation may trigger the actual mental illness.

Environmental Exposures before Birth

Exposure to viruses, toxins, alcohol or drugs while in the womb can sometimes be linked to mental illness.

Negative Life Experiences

Situations in your life, such as the loss of a loved one, financial problems and high stress, can play a role in triggering mental illness. So can an upbringing that leads to poor self-esteem or a history of sexual or physical abuse. Life experiences can lead to unhealthy patterns of thinking linked to mental illness, such as pessimism or distorted ways of thinking.

Brain Chemistry

Biochemical changes in the brain are thought to affect mood and other aspects of mental health. Naturally occurring brain chemicals called neurotransmitters play a role in some mental illnesses. In some cases, hormonal imbalances affect mental health. It's thought that inherited traits, life experiences and biological factors can all affect brain chemistry linked to mental illnesses.

Risk Factors

Certain factors may increase your risk of developing mental health problems, including:

- Having a biological (blood) relative, such as a parent or sibling, with a mental illness
- Experiences in the womb — for example, having a mother who was exposed to viruses, toxins, drugs or alcohol during pregnancy
- Experiencing stressful life situations, such as financial problems, a loved one's death or a divorce
- Having a chronic medical condition, such as cancer
- Experiencing brain damage as a result of a serious injury (traumatic brain injury), such as a violent blow to the head
- Having traumatic experiences, such as military combat or being assaulted
- Use of illegal drugs
- Being abused or neglected as a child
- Having few friends or few healthy relationships
- Having a previous mental illness

Complications

Mental illness is a leading cause of disability. Aside from reducing the quality of life, untreated mental illness can cause severe emotional, behavioral and physical health problems. Mental illness can also cause legal and financial problems. Complications linked to mental illness include:

- Unhappiness and decreased enjoyment of life
- Family conflicts
- Relationship difficulties
- Social isolation
- Problems with tobacco, alcohol and other drugs
- Missed work or school, or other problems related to work or school
- Poverty and homelessness
• Self-harm and harm to others, including suicide or homicide
• Increased risk of motor vehicle accidents
• Weakened immune system, so that body has a hard time resisting colds and other infections
• Heart disease and other medical conditions

**Psychosocial Treatments**

**What are psychosocial treatments?**

Psychosocial treatments - including certain forms of psychotherapy (often called “talk-therapy”) and social and vocational training - are helpful in providing support, education, and guidance to people with mental illnesses and their families. Studies tell that psychosocial treatments for mental illnesses can help individuals decrease the negative effects of their illnesses and increase their functioning (leading to fewer hospitalizations and less difficulties at home, at school, and at work). A licensed psychiatrist (a doctor, who can prescribe medications), psychologist, social worker, psychiatric nurse or counselor typically provides these psychosocial therapies.

In some cases, a therapist and a psychiatrist may work together as many complicated mental illnesses have been found to be treated most effectively with a combination of therapy and medications. Sometimes in these cases, the psychiatrist prescribes medications and the therapist monitors the individual's progress and can also observe for response to medication treatments. In these cases, a therapist and a prescribing psychiatrist will hopefully be in contact to discuss their thoughts as to how they can work together to support their mutual patients.

The number, frequency, and type of psychotherapy sessions an individual has should be based on individual treatment needs. As with medication, it is important to follow the treatment plan for psychosocial treatments to gain the greatest benefit.

**Individual Psychotherapy**

Individual psychotherapy involves regularly scheduled sessions between the patient and a mental health professional. The goal of this treatment is to help individuals understand why they are acting and thinking in ways that are troubling or dangerous to themselves (or others). This allows a person to have more control over their behaviors and to change these behaviors when possible.

Talk-therapy sessions may focus on a person's current or past problems, experiences, thoughts, feelings or relationships. By sharing their experiences with a trained, knowledgeable, and understanding person, individuals with mental illnesses may gradually understand more about themselves and the problems they are facing.

Individual psychotherapy is used successfully to treat emotional, behavioral, and social problems in people with schizophrenia, bipolar disorder, attention-deficit/hyperactivity disorder (ADD/ADHD), depression, eating disorders, anxiety disorders and other mental illnesses.

**Psycho Education**

Psycho education involves teaching people about their illnesses and how they are treated. This allows people and their families to recognize signs of relapse in order to get necessary treatment before mental illness worsens or occurs again. Family psycho education includes teaching coping strategies and problem-solving skills to families (and friends) of people with mental illnesses to help them deal more effectively with their friends and relatives. Family psycho education reduces distress, confusion, and anxieties within the family, which may help the individual with mental illness to recover.

Psycho-education in combination with medication has been used successfully to treat people with schizophrenia, bipolar disorder, attention-deficit/hyperactivity disorder (ADHD), depression, and other mental illnesses. Psycho education further allows individuals to support their loved ones through the treatment process.

National Alliance on Mental Illness (NAMI) has developed a program called Family-to-Family, a free, 12-week educational and support program for family members of patients with mental illness. It is available internationally throughout North America (including in Mexico, Puerto Rico and Canada) and is run by people who have family members of their own with mental illnesses. It has been shown in scientific studies to be useful in decreasing the distress of family members and improving outcomes (including less hospitalizations and increased functioning) of patients with mental illness.

Two other programs developed by NAMI are Peer-to-Peer, created to help individuals maintain their wellness and recovery, and NAMI Basics, a program designed to help educate parents and other caregivers of children and adolescents living with mental illness.
Self-help and Support Groups

Self-help and support groups for people and families dealing with mental illnesses are becoming essential. Although not led by a professional therapist, these groups may be therapeutic because members give each other ongoing support. These groups also are comforting because ill people learn that others have problems similar to theirs: they are not alone in this world with their mental illness.

Members of support groups share frustrations and successes, referrals to qualified specialists and community resources, and information about what works best when trying to recover. They also share friendship and hope for themselves, their loved ones, and others in the group.

Groups may also help families work together to advocate for needed research and treatments and for better hospital and community programs. When people act as a group rather than individually, they are often more effective in the fight against stigma and more successful at drawing public attention the discrimination that people living with mental illness often face.

NAMI Connection, a weekly recovery support group for people living with mental illness in which people learn from each other’s experiences, share coping strategies and offer each other encouragement and understanding.

What are examples of specific psychotherapies?

Therapists offer many different types of psychotherapy. In general no one type of therapy is necessarily "better" than another type, although certain mental illnesses have been shown to respond better to specific psychotherapies. When deciding which therapy, or therapies, will likely be the most successful treatment option for an individual, a psychotherapist considers the nature of the problem to be treated and the individual's personality, cultural and family background, and personal experiences. Note that some psychotherapists have specific training in different treatments. Furthermore, a psychiatrist or psychotherapist (or both) may offer each of the following therapies to an individual, family, couple or group.

Interpersonal Therapy

Interpersonal therapy focuses on the relationships of individual with others. The goal of interpersonal therapy is, of course, to improve interpersonal skills. The therapist actively teaches individuals to evaluate their interactions with others and help them be aware of self-isolation and difficulties getting along with, relating to, or understanding others. He or she also offers advice and helps individuals make decisions about the best way to deal with other people.

Interpersonal therapy is a psychosocial treatment used most frequently to help people with bipolar disorder, ADHD, depression, eating disorders and generalized anxiety disorder. It is often expected to last for approximately 3-4 months and to target specific symptoms over this time period.

Cognitive Behavioural Therapy

Cognitive behavioral therapy (CBT) is a treatment that focuses on the relationship between an individual's thoughts, feelings, and behaviours. CBT therapist will try to explore the links between the thoughts and emotions that occur prior to disruptive behaviors in people with mental illness. By establishing these connections, individuals learn to identify and change inappropriate or negative thought patterns and as a consequence, can address the behaviors associated with their illness.

A common goal is to recognize negative thoughts or mind-sets (mental processes such as perceiving, remembering, reasoning, decision making, and problem solving) and to replace them with positive thoughts, which will lead to more appropriate and beneficial behavior. For instance, CBT tries to replace thoughts that lead to low self-esteem ("I can't do anything right") with positive expectations ("I can do this correctly"). This can often times involve “homework” to help an individual “practice their skills” in between treatment sessions.

CBT is often thought of as a “first-line treatment” in many anxiety disorders (including OCD, Panic Disorder, and PTSD). Along with medication treatment, CBT can successfully help people with schizophrenia, bipolar disorder, ADHD, depression, eating disorders, generalized anxiety disorder, panic disorder, OCD, substance abuse problems and other mental illnesses.

Exposure Therapy

A type of behavioral therapy known as exposure therapy (or exposure and response prevention) is specifically useful for treating obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD). During exposure therapy, an individual is deliberately exposed to whatever triggers the obsessive thoughts or reaction to a
previous traumatic experience under controlled conditions. The individual is then taught techniques to avoid performing the compulsive rituals or to work through the trauma. This is helpful in decreasing the urges following a stimulus (thought or situation) that previously resulted in the individual being paralyzed by the thoughts and behaviors associated with their mental illness. ERP (Exposure and Response Prevention) is thought of as a “first-line treatment” for PTSD and OCD in certain situations. In many cases, exposure therapy is used along with medications due to the severity of symptoms.

**Dialectical Behaviour Therapy (DBT)**

Dialectical behavior therapy (DBT) was initially developed to treat chronically suicidal individuals with Borderline Personality Disorder (BPD). Over time, DBT has evolved as a treatment for individuals with multiple different disorders, although many people who are treated with DBT have borderline personality disorder (BPD) as a primary diagnosis. DBT has also been adapted for behavioral disorders involving emotional deregulation (such as substance dependence in individuals with BPD and binge eating disorder) and for treating people with severe depression and associated suicidal thoughts. DBT combines the basic strategies of behavior therapy with a philosophy that focuses on the idea that ‘opposites may really not be opposite when looked at differently.’

As a comprehensive treatment, DBT can:

- Decrease the frequency and severity of self-destructive behaviours,
- Increase the motivation to change (by providing positive reinforcement),
- Teach new “coping skills” that generalize to a person’s natural environment
- Provide a treatment environment that emphasizes the strengths of both individuals and their treatments
- Enhance the therapist’s motivation and ability to treat their clients effectively

In standard DBT, different types of psychosocial therapies-including individual psychotherapy, group skills training, and even phone consultations-may be used as part of treatment.

**Psychodynamic Psychotherapy**

Psychodynamic Psychotherapy has its fundamental roots in the teachings of Sigmund Freud, Carl Jung, and other psychiatrists who practiced in the early twentieth century. Yet most therapists who offer this treatment are no longer driven by the rigid rules of traditional “psychoanalysis.” Psychodynamic psychotherapy is practiced differently by different therapists and will likely vary depending on the needs of their client. There is not as much scientific data supporting the effectiveness of psychodynamic psychotherapy in some illnesses (such as schizophrenia) as opposed to other treatments (including CBT). Therefore it is no longer considered a “first-line treatment” in many mental illnesses. In spite of this, psychodynamic psychotherapy can be useful for some patients with depression, anxiety disorders, borderline personality disorder, and other mental illnesses. In many cases, psychodynamic psychotherapy occurs along with medication therapy.

**Assertive Community Treatment (ACT)**

ACT is a highly effective team-based model of providing comprehensive and flexible treatment and support to individuals who live with serious mental illness. Teams can include peer support specialists and practitioners with expertise in psychiatry, nursing, social work, substance abuse treatment, and employment who work closely together to provide integrated and outreach-oriented services.

**Dual Diagnosis and Integrated Treatment of Mental Illness and Substance Abuse Disorder**

Dual diagnosis services are treatments for people who live with co-occurring disorders—mental illness and substance abuse. Research has strongly indicated that to recover fully, a consumer with co-occurring disorder needs treatment for both problems-focusing on one does not ensure the other will go away. Dual diagnosis services integrate assistance for each condition, helping people recover from both in one setting, at the same time [1-19].

**Conclusion**

The treatment for the mental illnesses depends on the type, its severity and what works best for the patients. In many cases, a combination of treatments works best. For person with mild mental illness, treatment from one health care provider may be sufficient. However, often a team approach is appropriate to make sure all the psychiatric, medical and social needs are met. This is especially important for severe mental illnesses, such as schizophrenia. The treatment team may include,

- Family or primary care doctor
- Psychiatrist, a medical doctor who diagnoses and treats mental illnesses
• Psychotherapist, such as a psychologist or a licensed counselor
• Pharmacist
• Social worker
• Family member

There are many specific types of psychotherapy, each with its own approach to improving mental well-being. Psychotherapy often can be successfully completed in a few months, but in some cases, long-term treatment may be helpful.

It can take place one-on-one, in a group or along with family members.

References
7. Mental Health: Types of Mental Illness. WebMD. Retrieved 2009-09-29
15. http://doctorbipolar.me/2013/09/19/types-of-mental-illness/
17. http://priory.com/psych/ICD.htm