

A.M.B.E.R. clinic
Albuquerque
Multidisciplinary
Behavioral Evaluation for
Recovery and Resiliency

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Date: 8-14-2012

“Diagnosing Mental Illness”

- In people who were excluded**
- Assessment techniques**
- DM-ID**
- SF-36 and other scales**

Mental Health

- **World Health Organization:**
 - a state of well-being in which the individual realizes his or her own abilities,
 - can cope with the normal stresses of life,
 - can work productively and fruitfully, and
 - is able to make a contribution to his or her community
- **Also: expression of emotions; successful adaptation to a range of demands.**
- **Global Mental Health: area of study, research and practice that places a priority on improving mental health and achieving equity in mental health for all people worldwide.**

Background

- **Mid-19th century: William Sweetzer: “mental hygiene”**
- **Dorothea Dix (1802-1887): mental hygiene movement to protect people suffering mental illness; resulted in more people sent to facilities that ended up overwhelmed.**
- **First outpatient mental health clinic in USA opened early 20th c.**

Mental Illness

- **Disease or disorder of the brain or psyche producing symptoms of organic or non-organic origin (disordered thinking, feeling, or behavior) and needing diagnosis and treatment when it is severe enough.**

(Ayd, 1995)

- **A psychological pattern, potentially reflected in behavior, that is generally associated with distress or disability.**

(Wikipedia, download 8-10-12)

- **Dichotomous versus continuous spectrum: health \leftrightarrow illness/disorder**

Classification Systems

- **International Classification of Diseases (ICD-10)**
- **Diagnostic and Statistical Manual of Mental Disorders (DSM-IV TR) (DM-ID)**
- **Vernacular, cultural**
- **Purpose:**
 - **Communication**
 - **Treatment**
 - **Outcomes**
 - **Labeling, distancing**

Exclusions

- **Intellectual Disability**
- **Brain Injury**
- **Developmental period (xpt childhood d/o)**
- **Known Medical Condition, e.g.**
 - **Endocrine (thyroid, DM)**
 - **Dementia**
- **Medication/toxic effect, e.g.**
 - **Drugs of abuse**
 - **Solvents**

Challenge of EBP

- Conceptually, should stick to protocol
- Diagnostic criteria should have validity, reproducibility, onset, duration, symptom clusters, inclusion/exclusion, mitigating factors
- When do not meet letter of criteria – why adapt?
 - Mental illness happens co-morbidly
 - Treatments are available

Adaptation

- Review criteria
- Describe and notate symptoms of concern
- Meet severity and duration
- Identify markers of improvement

Change from baseline

- After brain injury
- Personality
- Sensation: kinesthetic processing problems;
- Cognition
- Mood / affect lability
- Sleep

Assessment

- **Observations**

- Flexibility in following interview

- Quality of responses

- Movement in waiting area, hallway, exam room; gross motor and fine motor

- **Patient self report**

- Practice making a record

- Pin to dates/seasons

- **Second reporter information**

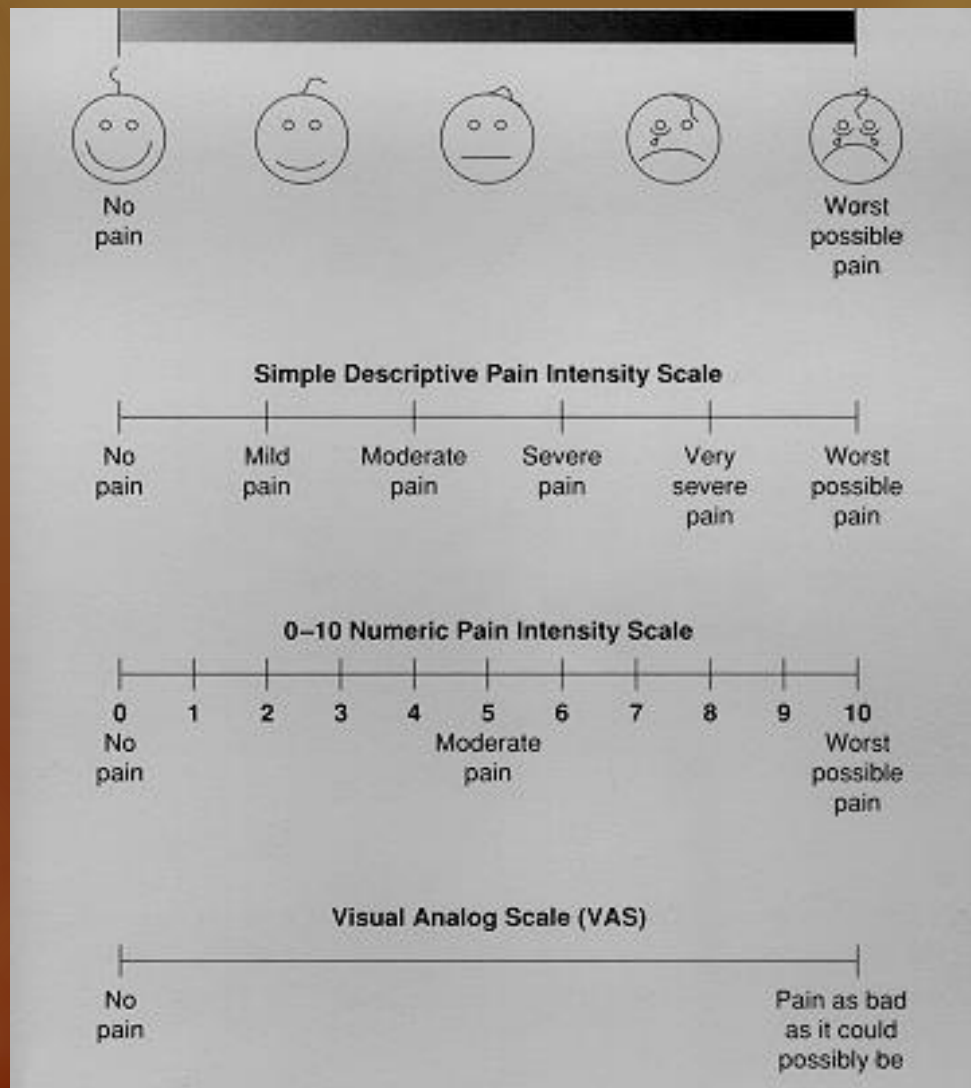
- Written, oral

Measurement

- Activities of daily living
- Energy, initiation, maintenance
- Organization
- General health: SF-36

http://www.rand.org/health/surveys_tools/mos/mos_core_36item_survey.html

Pain measurement



Measurement

○ Depression

- > 2 weeks; vegetative symptoms

- Not bereavement

- Adapt for sleep disorders, physical conditions, chronic pain

○ Anxiety

- People with I/DD higher rate of being abused

- Degree of social exploration

Chronic illness

- **Coping with chronic conditions does not require condoning dependence**
- **Monitor for all aspects of function**
- **Involve person/guardian in best decision within values**
- **Reconsider treatment; purposes of treatment approach**



Next presentation:

- **8-21-2012**
- **“Dyscontrol and Dysregulation”**
Issues in PTSD, I/DD, and TBI

resources and back issues can be found at Continuum
of Care website:

<http://som.unm.edu/coc/Training/powerpointnew.html>