Independent Assessment Services

Delivered by Atos

Common Mental Health Disorders with focus on Anxiety and Depression and PIP

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Aim of Training

- To give health practitioners an overview of common mental health disorders
- To give health practitioners an overview of common mental health disorders in the context of PIP
- To allow health practitioners opportunity to interactively broaden their understanding
- To contribute to continuing professional development and critical reflection
- To contribute to ongoing training and knowledge enhancement of health practitioners

Mental Health

What is it?

- Mental health can be defined as a level of psychological well-being, an absence of a mental illness or viewed as a psychological state of someone who is functioning at a satisfactory level of emotional and behavioural adjustment.

- According to the World Health Organisation (WHO) mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential, among others."

- WHO further states that the well-being of an individual is encompassed in the realization of their abilities, coping with normal stresses of life, productive work and contribution to their community

Mental Illness (Cont.)

- Mental illness can be viewed as a state of unbalance and where a person is no long able to fully functions as they once cognitively did before.
- Mental health doesn't always stay the same. It will change as circumstances change and as you move through different stages of your life (continuum).
- There's a stigma attached to mental health problems. This means that people feel uncomfortable when asked about them and don't talk freely about the affects they cause. Many people don't even feel comfortable talking about their feelings.

As HPs, we must be confident in our approach in assessing mental health conditions. If we are confident, then a person is more likely to open up and discuss their conditions without feeling we are judging them.

Facts and figures

- The World Health Organisation states one in four people in the world will be affected by mental or neurological disorders at some point in their lives.
- This means currently around 450 million people suffer from such conditions, placing mental disorders among the leading causes of ill-health and disability worldwide

(Taken from the WHO report)

Statistics

- About a quarter of the population will experience some kind of mental health problem in the course of a year.
- Women are more likely to be treated for a mental health problem than men and about 10% of children have a mental health problem at any one time.
- Depression affects 1 in 5 older people
- Suicide rates show that British men are three times as likely to die by suicide than British women and self harm statistics for the UK show one of the highest rates in Europe: 400 per 100,000 population

Most common mental health problems - UK

- Mixed anxiety & depression is the most common mental disorder in Britain, with 7.8% of people meeting criteria for diagnosis.
- 4-10% of people in England will experience depression in their lifetime.
- Common mental health problems such as depression and anxiety are distributed according to a gradient of economic disadvantage across society. The poorer and more disadvantaged are disproportionately affected by common mental health problems and their adverse consequences.
- Mixed anxiety and depression has been estimated to cause one fifth of days lost from work in Britain.
- One adult in six had a common mental disorder.

- Above taken directly from https://www.mentalhealth.org.uk/explore-mental-health/statistics/most-common-mental-health-problems-statistics

Depression

- Depression is a common mental disorder, characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration.

- Depression can be long-lasting or recurrent, substantially impairing an individual's ability to function at work or cope with daily life. At its most severe, depression can lead to suicide. When mild, people can be treated without medicines such as antidepressants but when depression is moderate or severe, they may need medication and professional talking treatments. (Taken from WHO)

Depression Symptoms

Psychological symptoms include:	Physical symptoms include:
continuous low mood or sadness feeling hopeless and helpless having low self-esteem feeling tearful feeling guilt-ridden feeling irritable and intolerant of others having no motivation or interest in things finding it difficult to make decisions not getting any enjoyment out of life Feeling anxious or worries Having thoughts of self harm or suicide	moving or speaking more slowly than usual change in appetite or weight (usually decreased, but sometimes increased) Constipation unexplained aches and pains lack of energy or lack of interest in sex- loss of libido changes to your menstrual cycle disturbed sleep (for example, finding it hard to fall asleep at night or waking up very early in the morning)

Anxiety

There is more than one type of anxiety. Anxiety disorders may have similar symptoms however depending on the duration and other factors a claimant may be diagnosed with the following:

- Generalized Anxiety Disorder (GAD)
- Social Phobia
- Panic Disorder
- Agoraphobia
- Phobias
- Post-Traumatic Stress Disorder (PTSD)
- Obsessive-Compulsive Disorder (OCD)

It may be that a person has more than one type of anxiety disorder!

Anxiety Symptoms

Psychological symptoms include:	Physical symptoms include:
•Feelings of apprehension or dread •Trouble concentrating •Feeling tense and jumpy •Anticipating the worst •Irritability •Restlessness •Watching for signs of danger •Feeling like your mind's gone blank	•Pounding heart •Sweating •Stomach upset or dizziness •Frequent urination or diarrhea •Shortness of breath •Tremors and twitches •Muscle tension •Headaches •Fatigue •Insomnia

Anxiety Types

- **Generalised Anxiety Disorder (GAD)** - This a common condition. The disorder is characterized by excessive anxiety and worry that is out of proportion to the impact of the event or circumstance that is the focus of the worry. Persons with GAD may eventually experience other mental disorders, such as panic disorder or major depressive disorder

- **Social Anxiety Disorder** - A persistent irrational fear of situations in which the person may be closely watched and judged by others, as in public speaking, eating, or using public facilities. A person then becomes fearful of social or performance situations in which they may be subject to the scrutiny of others

- **Panic Disorder** - Unpredictable attacks of anxiety that are accompanied by physiological manifestations. People with this disorder often undergo medical evaluations for symptoms related to heart attacks or other medical conditions before the diagnosis of panic disorder is made. Attacks may last from minutes to hours. An affected person often lives in fear of another attack and may be reluctant to be alone or far from medical assistance. Panic attacks can occur at any time, even during sleep. An attack generally peaks within 10 minutes, but some symptoms may last much longer.

Anxiety Types (Cont.)

- **Agoraphobia** - An abnormal fear of being helpless in an embarrassing or inescapable situation that is characterized especially by the avoidance of open or public places. It may occur alone or may accompany panic disorder. People with this disorder may become house bound for years, with resulting impairment of social and interpersonal relationships.

- **Specific Phobias** - Persistent fear of objects or situations. When these situations or objects appear, they can produce immediate and severe symptoms of anxiety.

- **Post Traumatic Stress Disorder (PTSD)** - Post-traumatic stress disorder is a psychiatric illness that can occur following a traumatic event, in which there is the threat of injury or death to you or someone else.

- **Obsessive Compulsive Disorder (OCD)** - The person suffering from OCD uses ritualistic and repeated behaviors to rid themselves of obsessive thoughts and anxieties. Recent data show that 2-3% of people suffer from this disorder.

Comorbid Conditions

- Many people with anxiety disorders also suffer from depression at some point.
- Anxiety and depression are believed to stem from the same biological vulnerability, which may explain why they so often go hand-in-hand. Since depression makes anxiety worse (and vice versa), it's important to assess and provide treatment for both conditions
- There are interrelationships between depression and physical health. For example, cardiovascular disease and other long term physical health conditions which impact on the persons ability to function can lead to depression.

Bipolar

- Characterized by major mood swings, when periods of depression alternate with periods of mania. When manic, they are in a state of high excitement, and may plan and may try to carry out over-ambitious schemes and ideas. They may also often then have periods of severe depression.

Bipolar - Symptoms

The manic phase of bipolar disorder may include:

- feeling very happy, elated or overjoyed
- talking very quickly
- feeling full of energy
- feeling self-important
- feeling full of great new ideas and having important plans
- being easily distracted
- being easily irritated or agitated
- being delusional, hallucinating and disturbed or illogical thinking
- not feeling like sleeping
- not eating
- doing things that often have negative consequences, such as spending large sums of money on expensive and sometimes unaffordable items
- making decisions or saying things that are out of character and that others see as being risky or harmful

Schizophrenia

Schizophrenia is a long-term mental health condition that causes a range of different psychological symptoms, including:

- **Hallucinations** – hearing or seeing things that do not exist
- **Delusions** – unusual beliefs not based on reality that often contradict the evidence
- **Muddled thoughts** based on hallucinations or delusions
- **Changes in behaviour**

Schizophrenia is formally categorized as a psychotic illness. This means sometimes a person may not be able to distinguish their own thoughts and ideas from reality.

Psychosis

Psychosis is a mental health problem that causes people to perceive or interpret things differently from those around them. This might involve hallucinations or delusions. The two main symptoms of psychosis are:

- **Hallucinations** – where a person hears, sees and, in some cases, feels, smells or tastes things that aren't there; a common hallucination is hearing voices
- **Delusions** – where a person believes things that, when examined rationally, are obviously untrue – for example, thinking others are out to harm you

The combination of hallucinations and delusional thinking can often severely disrupt perception, thinking, emotion and behavior.

Experiencing the symptoms of psychosis is often referred to as having a psychotic episode.

Hallucinations

- **Sight** – someone with psychosis may see colours and shapes, or people or animals that aren't there - Visual
- **Sounds** – someone with psychosis may hear voices that are angry, unpleasant or sarcastic. These voices can talk to or about the individual – Auditory
- **Touch** – a common psychotic hallucination is that you are being touched when there is no-one there - Tactile
- **Smell** – usually a strange or unpleasant odour - Olfactory
- **Taste** – some people with psychosis have complained of having a constant unpleasant taste in their mouth - Gustatory

Delusions

- A delusion is where a person has an unshakeable belief in something implausible, bizarre or untrue, even when presented with clear evidence to the contrary.
- Paranoid delusion and delusions of grandeur are two examples of psychotic delusions.
- A person with psychosis will often believe that an individual or organization is making plans to hurt or kill them. This can lead to unusual behavior.
- For example, a person with psychosis may refuse to be in the same room as a mobile phone because they believe they are mind-control devices.
- Someone with psychosis may also have delusions of grandeur. This is where they believe they have some imaginary power or authority.

Other Conditions

- Alcohol dependency
- Substance dependency
- Eating disorders
- Personality disorders – there are many different types
- Postnatal depression
- Seasonal affective disorder
- Phobias
- Adjustment disorders

This list is not exclusive and there are many other illnesses which may cause restrictions on a person's function.

International Statistic Classification of Diseases and Related Health Problems ICD 11

Below are the codes for the diagnosis of mental illnesses in the ICD 11 – each category breaks down the conditions into further subcategories depending on the overall symptoms the claimant would have – thus making the correct diagnosis in order to commence the appropriate treatment.

6A00-6A06 Neurodevelopmental disorders
6A20-6A25 Schizophrenia or other primary psychotic disorders
6A60-6A80 Mood disorders
6B00-6B06 Anxiety or fear related disorders
6B20-6B25 Obsessive-compulsive or related disorders
6B60-6B66 Dissociative disorders
6C40-6C49 Disorders due to substance use
6D10-6D11 Personality disorders and related traits

For further information on ICD-11 please see **Chapter 6 – Mental, behavioural or neurodevelopmental disorders** here: https://icd.who.int/browse11/l-m/en#/http%3a%2f%2fid.who.int%2ficd%2fentity%2f334423054

Treatments (Cont.)

- A person may be under talking therapy such as cognitive behaviour therapy (CBT)
- Psychology
- Intensive therapeutic community
- Counselling
- The person may be under drug and alcohol treatment services.

Treatments

- Most people who have a diagnosis of a major mental illness will have encountered psychiatric services, as a HP it is important during the condition history to obtain as much information about the diagnosis and input the claimant has.
- There are many medications (tablets) which can be used to treat mental illnesses and some people maybe on intramuscular injections due to compliance issues or due to the severity of the illness.
- Community Mental Health Teams (CMHT) can provide treatment and outpatient follow up.
- CRISIS teams may provide short term input to try and manage an episode of illness and prevent admission to hospitals.
- Inpatient units provide a place where an assessment of the individual can be conducted safely, and treatment can be commenced.
- The Mental Health Act provides the ability to detain a person for a period of time to enable the assessment and treatment to be commenced where a patient may not wish to stay informally.

Key communication skills during assessment

Stein-Parbury (2014) suggested the following should be practiced for effective communication and assessment :

- Sit facing the patient front on
- Open questions should be used to gain openness and acceptance
- Lean forwards slightly to convey interest
- Eye contact should be maintained and be at the same eye level
- Relaxed posture demonstrating ease with self and the patient and with the situation.

Use open questions

- There are two main forms of questions being open and closed, when using open questions, the nurse can gain detail and fact, whereas closed questions will narrow the availability of information (Anita-Otang, 2008):

- **Open questions**: what, when how and where? - *"I hear; That sounds; I recognise; Tell me"*
- **Closed questions**, Do you, have you, are you? – these will gain limited answers such as yes and no (Arnold, and Underman Boggs, 2015)

As a HP don't be afraid to ask, if we don't ask, we will not know and the variability and severity of the mental illness will vary greatly, from person to person, probe to really understand how this condition affects them, how much help do they need, why do they need this, how often?

MSE and Informal Observations

- The more information and detail we can get in the informal observation and MSE the better picture we can build for the case manager.
- If the claimant needed prompting add in a comment about how much, did they need prompting all the way through?
- Were they withdrawn? Did they have eye contact? Were they distracted? Did they speak a lot or a little?
- Again, the more detail we gain the easier it is for us to then use this vital information in our justifications to make these consistent and robust when selecting and supporting our descriptor choices

Focus on Anxiety, Depression and PIP

All activities of daily living and mobility can be affected depending on the severity of the depression and any other associated conditions in terms of physical conditions.

Focusing on the core symptoms of depression and anxiety alone the following descriptors should be considered. The list and detail is not exhaustive:

- **1, 2, 4, 6**: Due to the depression the motivation issues, interest and the ability to cognitively function may be altered, a person may need prompting to complete an activity due to this low motivation. This can contribute to their anxiety levels, probing and open questions will allow the HP to gain as much information in the functional history to enhance the HPs understanding of how severely affected a claimant is.

- **Activities 1 and 2**: A person may have such severely low mood that they lack motivation, consideration needs to be given to medication (first or second line) dosages of medication, current input along with the MSE findings and informal observations when assessing, the likelihood and severity of the low mood and the impact this will have with making a meal or taking nutrition .

Focus on Anxiety, Depression and PIP (Cont.)

Activity 3 - is the person suicidal? How many attempts of harming self have there been and when was the last attempt? Does the person have reduced prescriptions dispensed by the chemist due to suicide risk, is there a care plan in place to help monitor and manage the risks? Is the claimant's memory or cognition affected?

Activities 4 and 6 - With the poor motivation often found with depression and other mental illnesses, prompting is frequently suggested to be required for the claimant as they no longer have the drive to attend to self care. HPs must consider medication, input from specialists and informal observations along with the MSE findings to ensure they can robustly support the need for prompting within the report.

Focus on Anxiety, Depression and PIP (Cont.)

Activity 9 - Understanding that low mood and anxiety can affect the persons ability to engage, they may be significantly withdrawn and therefore need prompting , the MSE and informal observations would need to show clear evidence that prompting or support was needed. HPs should be careful that the restriction listed in the PIP2 for activity 9 is not relating to activity 11.

Activity 10 - People with depression may lack the motivation to budget however we must complete a vigorous MSE to enable us to evidence the likelihood that help would be needed.

Activity 11 - A person who has depression may lack the motivation to go out, with anxiety they may avoid going out. HPs need to pay attention and probe to understand the causes and the need of the claimant to be prompted to leave the house, special attention must be given to probe and understand if they are going out, when, are they being prompted, what symptoms do they get and how often they go out. It is important to establish wither the symptoms experienced are that of anxiety or if they are to such degree that they meet the criteria for overwhelming psychological distress (OPD).

Remember the symptoms of OPD are such that they are so overwhelming that the person is unable to function.

Consolidation

Aims and objectives were:

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Any Questions?

Thank you.