



# Understanding Mental Illnesses

## Overview

Supportive housing has enabled thousands of people with mental illness to live successfully in the community. People with mental illness may need a variety of services ranging from supportive counseling and psychiatric support to job training and employment. Supportive housing projects may have on-site staff or rely on staff located off premises, such as case management services or an assertive community treatment (ACT) program.

Supportive housing projects serving individuals who have serious mental illness must provide access to quality psychiatric services, medication management and comprehensive treatment planning. Similarly, supportive services staff must address related complications that directly impact mental illness, such as health problems, alcohol and substance use, and social and economic issues. Shortcomings in any of these areas can exacerbate an individual's illness and undermine the efforts of the program staff. The majority of people with mental illness can achieve psychiatric stability and live in the community if they are provided with the right treatments and necessary support. Most successful outcomes occur when psychiatric treatment is combined and coordinated with rehabilitation and other support services.

Advances in psychiatric medications and community-based supports have made mental illness more manageable than ever before. In addition to programs often found in the community, supportive housing can provide case management and other individualized services that are specifically adapted to meet individual needs. Frequently, supportive housing programs are in the best position to help individuals pull together all necessary treatment and support. This document provides fundamental information about working with individuals who have mental illness and discusses strategies for developing and shaping supportive housing programs to promote recovery and self-sufficiency.

## Mental Illnesses

Mental illness includes a broad range of symptoms and disorders that result in disturbances in thinking, perception, emotions, and/or behavior. A serious mental illness can negatively impact an individual's ability to function in major life areas, such as employment and interpersonal relationships, and can cause significant distress through negative mood states such as depression and anxiety. Mental illness may also involve "breaks with reality" (psychosis), as evidenced by delusions and hallucinations.

Mental illnesses are usually caused by a variety of factors including genetic predisposition, chemical imbalances in the brain, environmental stressors, and substance use. The typical age of onset of some mental illnesses, such as schizophrenia, is during the late teens to early 20s, although it can also occur at other stages of life. The level and type of symptoms an individual has may fluctuate over time and in response to stress.

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Note: This document is included within the *Supportive Services* section of CSH's *Toolkit for Developing and Operating Supportive Housing*, which is available at [www.csh.org/toolkit2](http://www.csh.org/toolkit2). This document has been adapted from CSH's publication *Developing the "Support" in Supportive Housing*, which is available at [www.csh.org/publications](http://www.csh.org/publications).

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM IV), a useful reference for program staff, categorizes and describes fifteen areas of psychiatric disorders. Within each of the broad categories, the manual describes diagnoses that are differentiated by specific sets of symptoms on five different axes. By understanding and working with each aspect of an individual's illness, staff can help shape treatment plans that have maximum impact. The five Axes are:

Axis I: Major psychiatric diagnoses (including substance abuse diagnoses)

Axis II: Personality disorders, mental retardation, and learning disabilities

Axis III: Medical conditions

Axis IV: Psychosocial and environmental stressors

Axis V: Global assessment and scoring of functioning (overall functioning: psychological, social, and occupational)

## **Types of Mental Illness**

The DSM IV divides mental illness into fifteen major areas that are recorded as either Axis I or Axis II. Within each of these areas there are specific diagnostic categories.

- Adjustment disorders
- Mood disorders
- Anxiety disorders
- Personality disorders
- Cognitive disorders
- Psychotic disorders
- Disorders of childhood and adolescence
- Sexual and gender identity disorders
- Dissociative disorders
- Sleep disorders
- Eating disorders
- Somatoform (“psychosomatic”) disorders
- Factitious disorders
- Substance-abuse disorders
- Impulse control disorders

A primary goal of mental health services is to address conditions of the Axis I diagnosis, such as schizophrenia, bipolar disorder, major depression, and alcohol abuse. However, a lack of intervention in other areas that are having a significant effect on the individual will negatively impact outcomes. Family, legal, or financial problems, for instance, can interfere with psychiatric stability.

Similarly, individuals with personality disorders can have chronic interpersonal problems, such as difficulty forming and maintaining relationships and limited ability to resolve conflict. A major advantage of supportive housing programs is that they provide the opportunity to work closely with people over an extended period of time using a holistic approach, tailoring services and support to each tenant.

Supportive housing programs should be prepared to work with a variety of mental illnesses and behaviors. Frontline staff should be trained to broadly distinguish between major categories of mental illness and related symptoms. Although this guide does not provide in-depth discussion of specific psychiatric disorders, the reader is referred to the DSM IV and other texts on this subject.

## **Psychosis**

Psychosis is a common feature of schizophrenia and other disorders such as schizoaffective, bipolar, and posttraumatic stress, and it may also occur in people who are seriously depressed or in response to substance use. Since psychosis is a break with reality and often involves hallucinations and/or delusions, people who are psychotic often behave in bizarre ways in response to the internal stimuli that they are experiencing. The most common type of hallucination is auditory (hearing voices), although one can also have hallucinations that involve vision, smell, taste, and touch. Delusions are false beliefs that are held in spite of evidence to the contrary. Since delusions and hallucinations are real to the person who is experiencing them, people cannot be talked out of them. Directly contesting or denying “the reality” of a person’s delusions or hallucinations can be alienating and shut down communication. On the other hand, it is not advisable to agree with an individual’s psychotic content either, as confirming the delusion or hallucination can cause the person to engage the worker in the psychotic as opposed to the reality-based dimensions of his/her experience.

A goal in working with people who are experiencing psychosis is to identify and engage around realities that can be shared. Listen for the emotions that are being generated by the delusion or hallucination; for example, if an individual believes that the FBI is coming to take him away, he will likely be very frightened. Staff might respond by saying, “You seem really scared. Let’s figure out what will make you feel safer.” In doing so, the staff person has not attacked the delusion nor reinforced it but instead responded to the person’s feelings.

## **Dual Diagnosis of Mental Illness and Substance Abuse**

Some people may have diagnoses of both mental illness and substance abuse. Disentangling these disorders can be a challenge because in some cases mental illness can predate substance use and, in others, alcohol or drug use may have occurred first. Achieving a clear understanding of a mental illness that is co-occurring with chemical dependency is often not possible. Significant cognitive impairments, for instance, can be caused by long-term alcohol and substance use; on the other hand, when an alcohol or chemically dependent person achieves sobriety, it may be discovered that the substance use has been masking a mental illness such as depression. Mental health and substance-use issues need to be addressed simultaneously through an integrated treatment approach since changes in one condition can often cause changes in the other. Program structures should ensure that staff from all organizations involved in an individual’s treatment communicate regularly and coordinate interventions. Responsibility for coordinating communication among these agencies often falls on supportive housing staff.

## Working Toward Recovery

It is still not widely understood that complete or near recovery from a serious mental illness, including schizophrenia, is possible. The general public remains largely misinformed about the nature of mental illness and the success rate of modern treatments. In practice, however, many people recover from mental illness, returning to work and independently carrying out all routines of daily living. Recovery from a serious mental illness requires a supportive environment. People who have mental illness are much more likely to improve if their relationships with family, friends, and the mental health community are positive and genuinely supportive. It is difficult for a mentally ill individual to remain motivated if those around him/her are not. A prolonged focus on “day treatment” or “maintenance,” for instance, can stagnate the recovery process and reflect a limited perspective about the individual’s capabilities. Similarly, individuals who have histories in institutional settings such as hospitals, prisons, and shelters often need help to shed adapted behaviors and set higher expectations.

## Rehabilitation and Recovery from Mental Illness

In the 1950s, Yale University researchers began following 269 chronic schizophrenics at Vermont State Hospital.<sup>1</sup> Some had been languishing in the back wards of the hospital for years. The patients, most of whom were poorly educated and had little social support, participated in a comprehensive psychiatric rehabilitation program. Participants in the study were linked to vocational counseling, jobs, family, and friends. The program emphasized peer support, rehabilitation, self-sufficiency and community integration. In a twenty-year longitudinal study, the researchers found that, in comparison to a group that received traditional treatment, the Vermont subjects were significantly more productive, had fewer symptoms, and exhibited better community adjustment and overall functioning. Over 25% of the study participants recovered completely from their symptoms. Approximately 50% of participants exhibited no signs of schizophrenia, although most of the people in this group showed some other problems in functioning.<sup>2</sup>

Some people who have experienced serious mental illness identify themselves as “survivors”, indicating that they have made it through the ravages of illness as well as environments that were often unkind and unjust to them. In other words, people not only have to deal with trying to overcome mental illness but also must contend with various social consequences including rejection, isolation, and unemployment. Frequently, the staff can assist tenants by helping them resume contact with family and friends, return to school or work, and have a satisfying social life. These efforts can take place in conjunction with providing assistance with money management, medication, and other basic activities of daily living. There is no doubt, however, that some mental illnesses can cause very significant impairments, and recovery may occur very slowly. The negative symptoms of schizophrenia or depression, for instance, can make it difficult for some individuals to express thoughts, set long-term goals, and independently complete all of the tasks necessary for daily

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<sup>1</sup> Editors' Note: Diagnostic criteria for schizophrenia were less refined during this era, and some patients in this study would probably be diagnosed today as having bipolar disorder, psychotic depression, borderline personality disorder, or some other mental illness. Nonetheless, the patients included in the study were all seriously mentally ill and institutionalized, and the reported recovery rates are unchanged for those who participated

<sup>2</sup> DeSisto, M.J., et al. “The Maine and Vermont Three-Decade Studies of Serious Mental Illness.” *The British Journal of Psychiatry* 167, (1995): 331-342.

living. Similarly, the physical and cognitive effects of long-term mental illness and its treatment can often be noted in the demeanor of people who have been prescribed high doses of psychotropic medications for many years. Still, even in the most difficult cases, improvement happens, and most individuals can function at higher levels than expected. Working from a recovery perspective is important, as it helps foster upbeat and progressive environments that are motivational and productive.

Note: CSH's *Toolkit for Developing and Operating Supportive Housing* includes additional information regarding mental health issues and services under *Preparing for Tenants' Service Needs* in the *Supportive Services* section of the *Toolkit*, available at [www.csh.org/toolkit2services](http://www.csh.org/toolkit2services).