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Severe Mental Illnesses: Training and Education

Amresh Srivastava
University of Western Ontario, amresh.srivastava@sjhc.london.on.ca

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20% People have 1 Mental Disorder

30% Patients have no No Access to care for mental disorders

WHO, Atlas 2011 and Canadian Mental health commission
About 25% of any mental disorder become severe mental disorder. All severe mental disorders are not ‘serious mental disorder’.
Severe mental illness
Definition

Patients with

(1) DSM IV criteria for mental disorder
(2) Serious functional impairment which
(3) Substantially interferes with or limits one or more major life activity
(4) have a two year or longer history of mental illness or treatment

Severe mental illnesses are not isolated entities. These are complex, treatment resistant, with high mortality, suicide, premature death and repeated hospitalisations.
Impact of severe mental illness

- Clinical
- Social
- Public health
Severe mental illnesses are clinically complex with serious psychopathology.
- Common Clinical conditions seen in Severe mental illnesses

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Most of the patients of severe mental illnesses come from specialised centres for management.
Post Stroke

Post Partum

Hepatitis C

Pregnancy

HIV

Post Myocardial

Special clinical conditions
Frequent crisis

Multiple hospitalisation

Severe mental disorder

Nutritional deficiency

Metabolic syndrome

Caregivers burden

Smoking

Frequent crisis
Important constituents of management of severe mental disorder

- Case management
- Multidisciplinary decision making
- Prevention
- Recovery model
- Community service
- Screening
- Nursing care
Every 40 SECONDS

1 SUICIDE Every 40 SECONDS

Every day 11 SUICIDE 211 Attempted suicide

Every day CANADA

3 times increase 65 years

CANADA
Post-discharge suicide

Percentage of suicide

Days after discharge:
Early intervention
Suicide Prevention
Crisis intervention
Early intervention
Rehospitalization Rate in Canada

11.1% - Mental health Indicator, CMHC, 2015
Re-Hosp

- Illness related
- Patient related
- Treatment related
- System related
- Unknown Causes'
Possible causes of Rehospitalization

The patient

The illness

The system

The treatment

All of these
The treatment related causes include:

- Late-onset treatment
- Inadequate assessment
- Inadequate treatment
- Early Discharge
Re-Hospitalization:

Non-Compliance
• Poor acceptance

Medication
Wrong attitude towards medication

Re-Hospitalization:

Complex drug regime
Poor dialogue
Lack of information

The patient
Re-Hospitalization: Possible Causes

The Illness:
- Poor course
- Severity
- Nature Resistant
- Frequent relapse

Re-Hospitalization: The System
Re-Hospitalization: Possible Causes

- Unknown Causes
- Early Discharge
- Inadequate assessment
- Inadequate treatment
- Late-onset treatment

Lack of resources

The System

The Treatment
Physical disorders

Risk factors for mental disorders

Risk factors for physical disorder

Onset Treatment - physical disorder

Onset Treatment - Mental disorder

Treatment

Side Effects
Risk factors for Physical disorders

- Nutritional and metabolic diseases,
- Cardiovascular diseases,
- Viral diseases,
- Respiratory tract diseases,
- Musculoskeletal diseases,
- Sexual dysfunction,
- Pregnancy complication,
- Stomatognathic diseases, and
- Possibly obesity-related cancers are more prevalent among people with SMI.

It seems that lifestyle as well as treatment specific factors
Outcome of SMI (Schizophrenia)

Short term and long term outcome

Outcome on specific domains

Compiled from studies published in last 10 years

Amresh Shrivastava et al, Clinical Schizophrenia an related psychosis, 2012
Step-wise therapeutic methods used in management of SMI

1. Relapse prevention
2. Crisis intervention
3. Early intervention

State of Well-being
- Recovery
- Response
- Remission
- Active treatment

Program-based intervention
Way forward in Prevention of mental disorders

Severe mental illness

Illness    Wellness
Not Concluded

Amresh Srivastava

in the next issue we will discuss management of SMI