

Recognising Signs and Symptoms of Mental Illness

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Abstract

"How could you" began Mackey, "how could you, a mathematician, a man devoted to reason and logical proof... how could you believe that extraterrestrials are sending you messages? How could you believe that you are being recruited by aliens from outer space to save the world? How could you?"

"Because," Nash said slowly "the ideas I had about supernatural being came to me the same way my mathematical ideas did. So I took them seriously".

Nasar, S. (1998). A Beautiful Mind.

Given in Australia, mental illness effect one in five people and one in three households own an animal in Australia, it is equally important for Animal Management staff to have an elementary understanding of mental illness as other public services such as police and emergency services (Australian Bureau of Statistics, 2007). This article will outline some basic information in the form of questions commonly asked by animal management staff are what they should be aware of relation to mental illness before and during an investigation. In particular outlined are the common types of mental illness, their symptoms, how to help, and risk assessments. Please note this article is not designed to replace dedicated training in mental illness and agency's working with mental illness should ensure their employee's are up to date with mental illness awareness to mitigate against deployment and staff support risks.

Introduction

It is important for animal management staff to understand mental illness as the prevalence rates indicated over 3.2 million Australians had a mental disorder in the previous 12 months (Australian Bureau of Statistics, 2007). In addition the National Survey of Mental Health and Wellbeing (2007) found that one in five Australia adults experience mental illness in any year which equates to over 20% of the Australian adult population experience mental illness. Australian Bureau of Statistics (2007) also reported the highest percentage of mental illness was reported for those aged 16 to 24 years (26.4%) and 25 to 34 years (24.8%). This is compared to 5.9% for those aged 75-85 years. Given the high prevalence of mental illness in the general population there is a high chance an animal management worker attending a home or business may need to interact with a person of interest who may also have a mental illness. Outlined are the common questions asked by public workers when investigating persons of concern who also may have the possibility of a mental illness.

What is Mental Illness?

Mental illness in Queensland is defined as "a clinically significant disturbance of thought, mood, perception or memory" (Mental Health Act 2000). Mental illness can vary in a number of factors in particular the risk to themselves and others, the severity of their symptoms, and the way their mental illness impairs the ability to interact with others. Mental illness can included, schizophrenia, bipolar affective disorder, and major depression.

Mental illness is typically assessed by seven factors when determine type and severity:

1. *Behaviour*:- What is the person doing? Is it appropriate to the setting/for that person?
2. *Appearance*:- Note self-care, clothing and cleanness any unusual features
3. *Speech*:- Does the person make sense when talk with them?
4. *Symptoms*:- Note possible signs/symptoms against typical criteria.
5. *Insight*:- Can the person appreciate their situation?
6. *Communication*:- Can the person understand you?
7. *Coping*:- Is the person's mood and mental state stable? How are they coping with life?

Also there are common signs of observable indicators of mental illness. It should be noted that the cluster of signs is more important than individual signs:

- Talking to oneself
- Constant pacing
- Slumped posture
- Unusual repetitive behaviour
- Facial grimacing
- Inability to concentrate
- Disorganisation
- Reaction to non-existent stimuli

What are the common types of Mental Illness?

Schizophrenia: characterized by distortions of reality and disturbances of thought and language and withdrawal from social contact. Persons may experience a gross impairment of understanding what is real.

Common signs schizophrenia included: Delusions (rigid, strongly held false beliefs – I am Barack Obama, Hallucinations (hearing voices), Thought Disorder (not making sense, off on a tangent, circumstantial) & thought interference (people interfering with their thoughts, and Negative symptoms (lack of motivation, lack of speech).

Mania: can be described as an irrational but irresistible motive for a belief or action. In addition the person may respond excessively and sometimes violently, may have a elevated and grandiose mood, and increased activity or restlessness.

Common signs of mania include: rapid speech, subjective feeling of racing thoughts, reduced sleep, disinhibited behaviour (sexual, financial overspending, reckless-impulsive behaviour), feeling of having excess energy.

Depression: is characterized by a pessimistic sense of inadequacy and a despondent lack of activity over a period of time. Depressed mood can be defined as feeling sad or empty most of the day, appearing tearful, and loss of interest or pleasure in activities.

Common signs of depression include: sleep difficulties, weight loss, agitation, lack of spontaneous movement or expression of emotions, fatigue or loss of energy every day, recurrent thoughts of suicide/self self harm, hopelessness, worthlessness, and negativity and/or guilt.

Bipolar Affective Disorder: This disorder is characterised by exaggerated mood swings from elevation (mania) to major depression that usually endure for weeks or months.

The common signs of bipolar affective disorder are the same as depression and mania as outlined.

Organic (Physical) Disorders: can include confusional states, medical illnesses, and mental retardation.

- Confusional States:
 - Acute: Delirium (e.g. disorientation, fluctuating levels of consciousness, inattention, and agitation).
 - Chronic: Dementia (age related changes in thinking, memory and behaviour).
 - Substance use disorders: Intoxication, withdrawal delirium, adverse reactions (drug induced psychosis)
- Medical illnesses
- Mental retardation (Intellectual disability) is a deficit of cognitive functioning (intelligence).

Personality Disorder: an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the culture of the individual who exhibits it.

Common signs of personality disorder include, overly dramatic reactions, detachment from others, grandiose entitlement, self-defeating behaviour and impulsiveness, dependency & helplessness, and avoidance.

What is not Mental Illness?

There are other disorders, medical conditions and effects of specific substances that can appear to be mental illnesses, because of the effects on people's mental state and functioning. In more recent times amphetamines, their availability, strength/purity and the demand for them has led to increases in many services having to deal with people intoxicated on this substance and its derivatives. Signs of amphetamine intoxication can include the presence of paranoid thinking, auditory hallucinations (hearing voices) agitation, disorganization, a grandiose elevated mood (superior and excited) as well as mood lability (rapidly changing mood from happiness to irritability to grandiosity), and the accompanying increased heart rate, and blood pressure. Schizophrenia in its acute phase includes the presence of psychotic symptoms including paranoid delusions and auditory hallucinations. It is only when toxicology screens and very careful observation and assessment that these two conditions can be discriminated.

How do I form the suspicion someone may be mentally ill?

It is important to remember that the role of an incident response worker or animal management worker is not to diagnose a person of interest, but it is important for the whole picture to be understood. Thus it is important to understand the steps to determining suspicion of mental illness. Firstly symptoms of mental illness can only be accessed via direct communication such as the verbal and non-verbal behaviours of the person of interest. Tips when verbally communicating included:

- Is my message being understood the way it is intended?
- What is interfering with the communication process?
- Is my reaction helpful in the situation?

In addition to characteristics outline in the previous question the person of interest – maybe hearing voices, feeling overly persecuted, misperceiving the events after though explanation, and having thoughts of being controlled. These are key indicators of possible mental illness. If it has been determine that you might be working with a person who has a current mental illness it is important to remember there are four key communication issues when speak with this person:

1. Your message may not be understood,
2. Your message or behaviour may be misinterpreted,
3. You may receive unpredictable responses,
4. You may not be able to rely on the usual facial or behavioural cues.

How do I get help for the person of concern?

In the first instance it is important to remember that one in three (34.9%) people with a 12-month mental disorder used health services for mental health problems in the previous 12 months. Furthermore 19.8% of the population have experienced a mental disorder in their lifetime had no symptoms in the previous 12months (National Survey of Mental Health and Wellbeing, 2007). Given this if the person of concern is displaying symptoms similar to someone with mental illness but are not of a veracity of concern to you, you may inquire around their current support plan or support persons. If the person of concerns symptoms are inhibiting the investigation or putting yourself or co-worker at risk then removal from the location is recommended as per your agency violence risk assessment tool. Police are equipped with the training to help determine the best immediate strategies for someone who is displaying significant adverse mental illness symptoms.

What risk may someone with Mental Illness may pose when unwell?

Someone with an untreated mental illness and in an acute phase may be at more risk of a significant adverse reaction from your attendance to their home. Our accompanying paper highlighted that people may have a range of risk factors for violence and some these do include the times a person suffering from mental illness, may pose an increased risk for violence. For example, when intoxicated on substances, and while experiencing acute symptoms like delusions and hallucinations.

If you have completed your agency risk assessment tool and while on location you notice a person of interest displaying symptoms of mental illness then there four key elements to remember when using your communication techniques;

- Defuse: calm or slow the person down (suggest deep breaths, slower speech),
- Reduce stimulation (noise, people around) and distract them from particular concerns,
- Listen and acknowledge the other's point of view,
- Keep your communication simple.

It is also important to ensure congruency in your body language and verbal communication, check you are being understood, treat the person how you would like to be treated, give them options and set limits if necessary (e.g. what is acceptable).

There are also four communication techniques that should be avoided when speaking with someone having adverse mental illness symptoms:

- Don't try to argue a person out of delusions or tell them experiences aren't real,
- Persist with a strategy that isn't working,
- Agree with the delusions,
- Take any remarks personally.

In summary mental illness is very common in the community, a member of your family or a neighbour is likely to suffer from a mental illness at some stage in their life. Assisting to recognise these signs may help with earlier identification and access to treatment and reduce the burden of disability for the individual and community.