

MENTAL HEALTH & MENTAL DISORDERS REFERENCES

American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorders Text, Fourth Edition, Text Revision. Washington, DC: American Psychiatric Association.

(K2)

About the study/citation-

The DSM-IV TR is the manual that is used by mental health professional to diagnose mental disorders in children, adolescents and adults. It may also be used by researchers other professionals. It is a helpful guide to clinical practice.

Findings/content-

The DSM-IV TR provides of systematic listing of codes and categories. It contains the DSM-IV Multiaxial System for assessment which is breaks the assessment down into Axis I, Axis II Axis III, Axis IV and Axis V. This is then followed by the diagnostic criteria for each of the DSM-IV disorders accompanied by a description of that disorder.

Implications for CWS-

Workers should be aware of the DSM-IV TR as it described mental health disorders. This would be useful for the worker in understanding a client's mental health disorder and in understanding the language of the DSM-IV when collaborating with a mental health professional on a case.

Chamberlain, P. & Smith, D.K. (2003). Antisocial Behavior in Children and Adolescents: The Oregon Multidimensional Treatment Foster Care Model. In A.E. Kazdin & J.R. Weisz (Eds.). Evidence-Based Psychotherapies for Children and Adolescents. New York, NY: The Guilford Press.

(K5)

About the study/citation-

This citation is about the Oregon Multidimensional Treatment Foster Care Model (MTFC). The chapter focuses on describing the studies with youth referred from juvenile justice. The chapter also reviews the theory of the model, its goals and characteristics of the youth who have participated. Applications of MTFC to child welfare and mental health populations are briefly discussed. There are two major goals of MTFC: 1) To create opportunities for youth to live successfully in their communities while providing them with intense supervision, support and skill building; 2) to simultaneously prepare their parents or caretakers to provide effective parenting that will increase the chance for positive reintegration into the family following placement. Four randomized trials have been conducted on the MTFC model. Youth referred to MTFC are from juvenile justice ages 12-17, and court-mandated to out-of-home placement

Findings/content-

- Boys assigned to MTFC were shown to have more positive outcomes on program completion and incarceration rates than boys in group care.
- 73% of MTFC boys vs. 36% of group care boys completed their placement.
- MTFC boys showed significantly larger drops in official criminal referral rates.
- Findings also suggest that MTFC was not only more effective in treating youth with severe antisocial behavior and criminality but that a significant part of the influence on youth behavior was due to the level and type of family management and decreased association with delinquent peers provided in the foster home.

Implications for CWS-

When placing a youth with antisocial/delinquent behaviors and creating a case plan, the worker should be aware of the research that supports MTFC as evidence-based treatment and consider the treatment options for such a case.

Corrigan, P.W., Bodenhausen, G., Markowitz, F., Newman, L., Rasinski, K., & Watson, A. (2003). Demonstrating Translational Research for Mental Health Services: An Example From Stigma Research. *Mental Health Services Research*, 5(22), 79-88. (K3)

About the study-

This paper was about translational research with the example of a research program from the Chicago Consortium for Stigma Research on mental illness stigma. The purpose of the research is to explain the prejudice and discrimination that some landlords and employers show toward people with mental illness.

Findings-

- Given that Latino and African-American subcultures are more collectivistic than the dominant European American view, the ethnicity of decision makers may influence how likely they are to view people with mental illness as personally responsible for their illness and problems.
- The likelihood of landlords renting to people with mental illness may depend on the economic context of the neighborhood in which the apartment is located.
- When housing is tight or jobs are scarce, discrimination may be more pronounced because more renters/employees per housing space or unit/job are available.

Implications for CWS-

- Workers should be aware of the impact of social stigma of mental illness and how that impacts functioning, so that they may best serve people with mental illness. Also, enhancing the worker's understanding will assist them in being advocates for their clients with mental illness.

Library of Congress. (2006). *Professional Guide to Assessment*. (pp. 36 – 51). Philadelphia, PA: Lippincott Williams & Wilkins

(K1, K3)

About the study/citation-

This chapter is about the process of a mental health assessment and identifying a person's psychosocial problems, strengths, and possible concerns. Information regarding cultural differences is included.

Findings/content-

- There are guidelines provided as to what to include in an assessment/interview, i.e., history of psychiatric illness, medication history, etc.
- There is also info on what is included in a mental status exam, i.e., appearance, mood and affect, etc.
- How to recognize suicidal behavior as well as info on mental status testing and DSM-IV.
- There are also charts that describe signs and symptoms of different mental disorders, such as Bipolar Disorder.

Implications for CWS-

It is important for a worker to understand mental health terminology and symptoms of disorders so that when reading a psych eval or report, they will understand the assessment made and the capacity that the parent has in daily functioning. This will provide the worker information as to whether the mental disorder or symptoms of the parent will hinder their ability to parent their child.

McAuley, C., & Young, C. (2006). The Mental Health of Looked After Children: Challenges for CAMHS Provision. *Journal of Social Work Practice*. 20(1), 103-116.

(K1, K3)

About the study/citation-

This article discusses "looked after children" identified as children who are provided with substitute care to assist parents either voluntarily or per court order. Issues related to their vulnerability for mental health issues, the challenges to develop services to meet their need and prevalence studies in Great Britain are also discussed.

Findings/content-

- Children who come into CPS and basically, are looked after, are often from families where parents are experiencing mental illness, substance abuse or DV. Each of these factor impact the parent's capacity to care for their children. The impact can be categorized under three areas: changes in the emotional/behavioral response of parents, deterioration in the family's social circumstances, and impaired ability to respond to their children's needs.
- A national survey of mental health of children/adolescents in the general population in Great Britain was completed. The study included over 10,000 with parents, children aged 11-15 years and teachers.

- 13% of boys and 10% of girls in the 11-15 year age group were found to have a mental health disorder. In the age group of 5-10 years, evidence of mental disorder was found among 10% of boys and 6% of girls.
- Compared with others, children with mental health disorders were more likely to have poorer physical health, have special needs, have special learning difficulties, parents with a mental health problem, to live in families with family discord, and to have been more frequently punished by their parents and to have experienced several stressful life events.
- Implications for training of social workers, residential care staff and foster carers:
 - Curriculum needs to include training on mental health needs of looked after children.
 - Social work training to stress the identification of need when assessing children.
- Limitation- Studies and information is based on data from Great Britain.

Implications for CWS-

Social workers should be aware of the factors that contribute to mental health issues in children and how parenting is impacted by a parent's mental illness when assessing for safety and risk and in creating case plans.

McKay, M.M., C.J., & Bannon, W. (2005). Understanding Inner City Child Mental Health Need and Trauma Exposure: Implications for Preparing Urban Service Providers. *American Journal of Orthopsychiatry*, 75(2), 201-210.

(K4)

About the study-

The purpose of the current article is threefold: 1) To present the results of a study documenting the complex mental health needs of 95 inner city youth referred for mental health care; 2) Findings related to the intersection of child mental health need and trauma exposure are described; 3) The relationship among child mental health need, trauma exposure and the level of service involvement are addressed. The research site is a large, urban mental health center associated with a university medical center. 75% of the population is African-American. Data were collected as part of a telephone intake process. During the phone interview, the caregiver was asked about specific mental health issues experienced by the child. The researchers developed an archival data retrieval instrument for the study. The level of service involvement was measured on the basis of the number of mental health sessions attended.

Findings-

- The results reflect a larger child mental health concern that youth in need of services are not receiving them. 28% of the youth accepted for services for this study were never seen for an initial appointment.

- There appears to be no relationship between the number of mental health issues, stressors, or level of trauma exposure, on the one hand, and service involvement on the other.
- The level of service involvement for the study is as follows: 72% of the youth were brought to the clinic for at least one appointment; Only 8 youth were in services after 12 weeks; all others had terminated services.
- The most common need the children were brought for mental health services was hostile or angry behavior (51%).
- Trauma exposure was not significantly related to service involvement.
- Limitations-a single research site, a relatively small sample size drawn from a clinic setting, the lack of a comparison group, a new archival retrieval instrument that was developed for the study and a reliance on adult caregivers' reports to code measures. Thus, it may be difficult to generalize results to other mental health clinics in other parts of the country or to the nonclinical population. The data reflects parental bias with regard to child mental health issues.

Implications for CWS-

The worker should be aware of the research indicating the many barriers urban families face in receiving services and understanding their role in assisting them to overcome such barriers. The worker should be aware of their role in building a collaborative relationship with the mental health provider so that the client's needs can be met.

McWey, L.M. (2006). Mental Health Issues and the Foster Care System: An Examination of the Impact of the Adoption and Safe Families Act. *Journal of Marital & Family Therapy*, 32(2), 195-214.

(K1)

About the study-

The purpose of this study was to: 1) Identify how ASFA influences foster care outcome of cases involving parents with mental health concerns; 2) examine the trends in termination of parental rights decisions of parents with mental health concerns; 3) explore the court's account of how parental behaviors influences the decision to terminate parental rights; 4) provide implications for family therapists. A systematic examination of foster care court cases was conducted. Cases were extracted from LEXIS NEXIS for one state. Cases were limited to TPR cases which parents appealed. The sample consisted of 18 state Supreme Court and 168 appellate court cases, and all cases were decided between 1986-2002. Only those cases that presented a mental health issue into court evidence was chosen.

Findings-

- Court viewed mental health diagnoses as a reason to remove children from the home when there is clear and convincing evidence to substantiate claims that the parents' mental health adversely affected their parenting.
- In 100% of the cases where the parent was diagnosed with depression, Borderline Personality Disorder, Antisocial Personality Disorder, Bipolar, "paranoid," PTSD and narcissism, they lost their parental rights.

- Every single case that was presented to the court after the ASFA was implemented resulted in termination of parental rights when parents had mental health issues.
- Comorbidity between mental health and substance abuse exists in 26 of 30 cases.
- An issue that arose from the data was the lack of family assessments when providing expert testimony regarding parental fitness.
- Limitations- All the cases were from one state, researchers' biases may have influenced the results generated, and because researchers reviewed court documents, it is unknown how much data was not included in the records.

Implications for CWS-

The worker should be aware of the impact of ASFA on parents with mental illness and the possible perceptions the court may have of the mentally ill parent. The worker should carefully assess the parent's ability to parent within the context of a mental illness when considering reunification and case planning, aside from biases that might exist.

Modestin, J, & Wuermler, O. (2005). Criminality in men with Major Mental Disorder with and without Comorbid Substance Abuse. *Psychiatry and Clinical Neurosciences*, 59, 25-29.

(K2)

About the study-

The purpose of the study was to investigate the role that substance abuse may play regarding criminal behavior in men with major mental disorders. The researchers reanalyzed original data sets, compared criminal records of patients with and without substance abuse and calculated criminal behavior probability rates for patients without additional substance abuse in comparison with controls from the general population. 282 male patients with Schizophrenia and 261 male patients with affective disorder were included. They were all admissions to the Psychiatric University Hospital of Berne. Their diagnoses were confirmed applying operationalized research diagnostic criteria (RDC). All 282 Schizophrenic patients were also diagnosed with the DSM-III-R. The comparison group was selected from files of the general population of 42 communities in the catchment area.

Findings-

- Substance abuse was diagnosed in 42% of the patients with Schizophrenia and in 54% of all patients with affective disorder. In total, 52% of all male patients with mental disorders also had co-occurring substance abuse.
- Schizophrenic patients had a higher probability of committing violent crimes; and patients with affective disorders, of committing crimes against property.
- Patients with mental disorders are responsible for only a small fraction of crimes and violence in general.

- Limitations- Axis II comorbidity was not assessed, only hospitalized patients were studied, and the sample may not be representative of major mental disorders in the general population.

Implications for CWS-

Workers should be aware of the impact of substance abuse on the functioning of people with mental disorders and their ability to function in society. Workers should be aware of the complexity that exists in the comorbidity of substance abuse and mental disorders when considering case planning.

Nock, M.K, Goldman, J.L, Wang, Y., & Albano, A. (2004). From Science to Practice: The Flexible Use of Evidence-Based Treatments in Clinical Settings. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43(6), 777-780.

(K2)

About the study/citation-

The article is about how evidence-based treatments can be used as interventions effectively in clinical settings. A case study, Michael, is used in the article. Michael is a 10-year-old boy who is presenting with symptoms of Panic Disorder, including episodes of intense fear, sweating, etc. He met the DSM-IV criteria for Panic Disorder with Agoraphobia. Michael was treated with a modified version of panic control treatment (PCT). PCT is current psychosocial treatment choice for panic disorder. It has demonstrated that 85-87% of patients post-treatment are free of panic.

Findings/content-

- Michael experienced a reduction in panic and anxiety, and he experienced significant changes in his social and academic functioning. He was able to actively participate in the classroom as well as sleepovers with friends, which he was not able to do before treatment.
- The family reported continued social and academic improvements at the 6-month follow-up.

Implications for CWS-

Workers should be aware of the research on evidence-based treatments and practices and the intervention responses to these practices. These should be considered in case planning and when referring a client for mental health treatment.

Virgo, N., Bennett, G., Higgin, D., Bennett, L., & Thomas, P. (2001). The Prevalence and Characteristics of co-occurring serious mental illness (SMI) and substance abuse or dependence in the patients of Adult Mental Health and Addictions Services in Eastern Dorset. *Journal of Mental Health*, 10(2), 175-188.

(K2)

About the study-

This was a non-metropolitan UK study aimed to establish the prevalence of substance abuse and dependence among all current serious mentally ill patients of all services of a NHS Trust and to assess how far U.S. found differences between

substance abuse and other serious mental illness patients occurred in the sample. The study also was used to detect differences between “dually-diagnosed” patients of specialist addiction services and those of other mental health services. The study was carried out in a community in the south coast of England, including a rural belt of small market towns and holiday resorts. Information was gathered from the professional responsible for the care of each patient using a structured interview and standardized rating scales. The sample size was 1021 patients.

Findings-

- Problematic use of substances was found in one in five serious mentally ill patients using Adult Mental Health Services (AMHS) within the previous six months.
- The co-occurring problem of serious mental illness and substance use were found in one in eight of all patients using AMH services.
- Patients with dual disorders tended to have more severe problems than those without.
- Consistent with North American studies, this group posed more risks to themselves and others and more demand on crisis intervention services.
- Compared with other seriously mentally ill patients, the dually-diagnosed patients were younger, mostly male, in less stable accommodations, unemployed and tended to have more crises.
- Limitations-There may be an under estimation of the non-problematic use of substances, which may lead to the conclusion that non-problematic use is unusual and an overestimation of abstinence. The study failed to include examinations of patients. There may be a possible bias towards greater recognition of substance abuse in the Addiction Services than the other mental health services.

Implications for CWS-

Workers should be aware of the impact of substance abuse on people with mental disorders and on their social functioning. A worker should consider always assessing for substance abuse, especially when a mental disorder is present, so that the proper interventions can be included in the case plan.