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# Mental Disorders, Neurodevelopmental Disorders, and Reasonable Accommodations

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# Outline

- Overview
- Epidemiology
- Common mental disorders
  - Definitions
  - Housing-related problems
  - Treatment options
- Neurodevelopmental disorders
- Reasonable accommodations
- Other considerations

# Mental Disorders – Overview

## ▪ What is a Mental Disorder?

- A syndrome characterized by a clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.
- A mental disorder is usually associated with one or both of the following:
  - Significant distress
  - Disability in social, occupational, or other important activities

## ▪ What is Not a Mental Disorder?

- An expected or culturally approved responses to a common stressor or loss.
- Socially deviant behavior and conflicts that are primarily between the individual and society (unless the deviance results from a dysfunction in the individual).

# Epidemiology

- ~43.8 million adults had any mental illness (AMI) in 2013.
- ~10.0 million adults had serious mental illness (SMI) in 2013.
- Women were more likely than men to have AMI (22.3 vs. 14.4%) and SMI (4.9 vs. 3.5%).
- Of those with AMI, 17.5% met criteria for a substance use disorder.
- Among those with SMI, 23.1% met criteria for a substance use disorder.
- 44.7% of those with AMI received mental health services in the past year.
- 68.5% of those with SMI received mental health services in the past year.

# Anxiety Disorders

- The most common class of mental disorders present in the general population.
  - More common in developed countries.
  - More common in women.
- Includes Panic Disorder, Agoraphobia, Generalized Anxiety Disorder, Social Anxiety Disorder, and Specific Phobias.
- Fear
  - An emotional response to a known or definite, external threat.
  - Danger is real, definite and immediate.
- Anxiety
  - A diffuse, unpleasant, vague sense of apprehension or unease, and intense concern about danger or threat.
  - Often a response to an imprecise or unknown threat.

# Treatment

- Medication management
  - Primary care providers
  - Psychiatric Nurse Practitioners
  - Psychiatrists
- Therapy
  - Group vs individual
- Complementary and Alternative Modalities (not an exhaustive list)
  - Acupuncture
  - Yoga
  - Traditional and natural medicines
  - Meditation
  - Prayer and pastoral counseling

# Agoraphobia

- Marked fear or anxiety about  $\geq 2$  of the following situations:
  - Using public transportation
  - Being in open spaces
  - Being in enclosed spaces
  - Standing in line or being in a crowd
  - Being outside of the home alone
- Situations almost always provoke fear and anxiety, which is out of proportion to the situation
- Situations are actively avoided
- Situations may require a companion

# Housing-related problems

- Difficulty leaving the home
  - Some individuals are completely homebound
  - Dependent on others for services or assistance to provide for even basic needs
  - May have trouble paying rent and other bills
- Food-related issues
  - Delivery
  - Storage
  - Waste



# Social Anxiety Disorder (Social Phobia)

- Marked fear or anxiety about  $\geq 1$  social situations with exposure to possible scrutiny by others.
- Fear that one will act in a way or show anxiety that will be negatively evaluated.
- Social situations provoke fear or anxiety, which is out of proportion to the actual threat.
- Social situations avoided or endured with intense fear or anxiety.
- Housing-related problems
  - Difficulty interacting and communicating with landlord and others when problems arise.
  - Can be inadequately assertive or excessively submissive.

# Depressive Disorders

- Common feature: sad, empty, or irritable mood.
  - Accompanied by physical and cognitive changes .
- Depressive disorders differ by duration, timing, or cause, among other factors.
- Major Depressive Disorder (MDD) is the classic condition in this group.
  - One of the most common mental disorders in the United States.
- Severe MDD can be accompanied by hallucinations, paranoia, and delusions.
- According to the World Health Organization, MDD carries the heaviest burden of disability among mental disorders.
- In 2013, ~15.7 million adults had at least one major depressive episode.

# Major Depressive Disorder

≥ 5 of the following symptoms, present during the same 2-week period.  
Symptoms occur most of the day, nearly every day.  
Change from previous functioning.

- **Depressed mood**
- **Markedly diminished interest or pleasure in activities**
- Significant change in weight (gain or loss), or significant change in appetite (decreased or increased)
- Insomnia or excessive sleeping
- Diminished ability to concentrate, or indecisiveness
- Psychomotor agitation (physical and mental overactivity) or psychomotor retardation (a generalized slowing of thought and physical activity)
- Fatigue/loss of energy
- Worthlessness, or excessive or inappropriate guilt
- Recurrent thoughts of death, suicidal thoughts with and without a plan, suicide attempt

# Housing-related problems

- Similarly to agoraphobia, the combination of a lack of motivation, poor concentration, and low energy can lead to:
  - Difficulty leaving the home
  - Completely homebound
  - Dependent on others for services or assistance to provide for even basic needs
  - Trouble paying rent and other bills
- In contrast to agoraphobia, individuals may also exhibit:
  - Poor grooming and hygiene
  - Unclean home and unsanitary living conditions
  - Poor care/neglect of pets/animals

# Treatment options

- Medication management
- Therapy
- Electroconvulsive Therapy
- Transcranial Magnetic Stimulation
- Deep Brain Stimulation
- Vagus Nerve Stimulation
- Ketamine
- Light therapy
- Botox
- CAM
  - Acupuncture
  - Yoga
  - Exercise
  - Traditional and natural medicines
  - Meditation
  - Prayer and pastoral counseling

# Bipolar and Related Disorders

- Sometimes referred to as manic-depressive disorder.
- Bipolar I Disorder represents classic manic-depressive disorder.
- Characterized by dramatic shifts in mood, energy, and activity levels that affect a person's ability to carry out day-to-day tasks.
- Shifts in mood and energy levels are more severe than normal ups and downs.
- Severe manic and/or depressive episodes may be accompanied by hallucinations, paranoia, and delusions.
- 2.6% of adult U.S. population in 2013, with 82.9% of these cases classified as severe.

# Bipolar I Disorder

- $\geq 1$  manic episode - a distinct period of abnormally and persistently changed mood. Feeling "high," overly happy, outgoing, or extremely irritable.
- Persistently increased activity or energy, lasting  $\geq 1$  week, most of the day, nearly every day.
- Must also have  $\geq 3$  of the following symptoms (4 if mood is irritable):
  - Inflated self-esteem/grandiosity (having an unrealistic belief in one's abilities)
  - Decreased need for sleep (sleeping little or not feeling tired)
  - More talkative than usual
  - Racing thoughts
  - Being easily distracted
  - Increasing activities, such as taking on new projects
  - Impulsive behavior, pleasurable, high-risk behaviors

# Housing-related Problems

- For individuals in the midst of a depressive episode, same issues as previously mentioned.
- While in manic state, may see:
  - Disturbing neighbors
    - Minor annoyances to physical assault
  - Property damage
  - Prohibited visitors
  - Shopping sprees leading to inability to pay rent, bills
  - Illegal activity



# Treatment options

- For depressive episodes, treatment as previously mentioned for MDD.
- For manic episodes
  - Medication management
  - Electroconvulsive therapy
  - Therapy???
    - Very difficult to provide during manic episode
    - May actually be harmful

# Obsessive-Compulsive and Related Disorders

- Includes Obsessive Compulsive Disorder (OCD), Body Dysmorphic Disorder, Hoarding Disorder and more.
- Hoarding Disorder: persistent difficulty discarding or parting with possessions, regardless of their actual value.
  - Strong perceived need to save the items
  - Distress associated with discarding items
    - Accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use.
- Not the same as normal collecting.
- Affects approximately 2 to 6% of the population.
- Functional impairment and clutter worsen over time.

# Housing-related problems

- Conflict with neighbors
- Unsanitary and unhygienic conditions that pose a health risk to individual and visitors
- Fire hazard
- Insect and/or rodent infestation
- Property damage
- Injuries from shifting or falling items, collapse of piles
- Mobility limitations for individuals and first responders
- Animal hoarding

# Treatment

- Therapy is the primary intervention for Hoarding Disorder
- Therapy
  - Cognitive Behavioral Therapy
  - Exposure Therapy
  - Problem Solving Therapy
- Medication management

# Trauma- and Stressor-Related Disorders

- Exposure to a traumatic or stressful event is required.
- Includes Post Traumatic Stress Disorder (PTSD), Acute Stress Disorder, and Adjustment Disorders.
- After exposure to a traumatic or stressful event, some develop fear and anxiety based symptoms; others develop sad, angry and aggressive symptoms.
- PTSD occurs in ~3.5% of the population.
- Symptoms usually occur within the first 3 months after the trauma, but there can be a delay of months, and even years.

# PTSD

- Exposure to actual or threatened death, serious injury, or sexual violence.
- Traumatic event is re-experienced in a number of ways.
  - Intrusive thoughts, flashbacks, nightmares, physiological and psychological distress in response to cues that symbolize or resemble traumatic event
- Stimuli associated with the trauma are avoided.
- Negative alterations in cognitions or mood associated with the event begin or worsen after exposure to the traumatic event.
  - Difficulty remembering details of the trauma, inability to experience positive emotions, decreased interest in activities, feeling detached from others
- Marked alterations in arousal and reactivity associated with the traumatic event beginning or worsening after exposure to the trauma.
  - Irritability, angry outburst, hypervigilance, recklessness, sleep troubles, poor concentration, exaggerated startle response

# Housing-related Problems

- Difficulty tolerating noise
- Difficulty tolerating neighbors, visitors, strangers
- Nightmares and flashbacks affecting neighbors
  - Noise
  - Verbal or physical aggression
- Difficulty leaving the home

## Treatment

- Medication management
- Therapy

# Schizophrenia Spectrum and Other Psychotic Disorders

- Psychotic disorders defined by abnormalities in  $\geq 1$  of the following domains:
  - Delusions (firm, fixed, false beliefs)
  - Hallucinations
  - Disorganized thinking
  - Grossly disorganized or abnormal motor behavior
  - Negative symptoms (disruptions to normal emotions and behaviors)
    - Lack of facial expression and dull or monotonous voice
    - Lack of pleasure in everyday life
    - Lack of ability to begin and sustain planned activities
    - Speaking little, even when forced to interact



# Schizophrenia

- Schizophrenia is typically, but not always, a chronic, severe, and disabling mental disorder which affects 1.1% of the population.
- Must have  $\geq 2$  previously described psychotic symptoms present for a significant portion of time during a 1-month period.
- Level of functioning in one or more major areas is markedly below the level achieved prior to the onset of symptoms.
- Continuous signs of the disturbance persist for at least 6 months.
- Associated features supporting diagnosis:
  - Inappropriate affect
  - Lack of insight or awareness of the disorder
  - Cognitive deficits
  - Social cognitive deficits

# Housing-related Problems

- Wide variety of potential housing issues, depending on which symptoms are manifested.
- Living conditions
- Food
- Bills
- Trouble with neighbors
- Property damage

# Neurodevelopmental Disorders

- Onset is during the developmental period.
- Typically manifest early in development, often before a child enters grade school.
- Developmental deficits produce impairments of personal, social, academic, or occupational functioning.
- Range from very specific limitations of learning to global impairments of social skills or intelligence.
- Includes Intellectual Disabilities, Communication Disorders, Autism Spectrum Disorder, Attention-Deficit Hyperactivity Disorder, Specific Learning Disorder, and Motor Disorders.

# Intellectual Disabilities

- Onset during developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social and practical domains.
- Deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience.
  - Confirmed by both clinical assessment and standardized intelligence testing.
- Deficits result in impairment in adaptive functioning
  - Individual fails to meet standards of personal independence and social responsibility in  $\geq 1$  aspect of daily life.
- ~1% of the population
  - M>F diagnosed with both mild and severe forms of intellectual disability.

# Autism Spectrum Disorder

- Persistent deficits in social communication and social interaction across multiple contexts.
- Restricted, repetitive patterns of behavior, interests, or activities.
- May or may not have intellectual impairment.
- Symptoms usually recognized during the second year of life.
- ?close to 1% of the population.
- A minority live and work independently in adulthood
  - May have difficulty establishing independence because of rigidity and difficulty with novelty.
- Diagnosed 4x more often, M>F.

# Reasonable Accommodations

- There is no easy list or guide to refer to for accommodations.
- Accommodations need to be specific to each individual and his or her disability.
  - Be creative!
- Common request: emotional support animal or a service animal.
- Service animals are individually trained to provide assistance to an individual with a disability.
  - They do not provide emotional support.
  - They perform some of the functions and tasks that the individual with a disability cannot perform for him or herself.

- Although not common, there are psychiatric service animals.
- Service animals trained to perform tasks that assist those with disabilities to detect the onset of psychiatric episodes/symptoms, and to lessen their effects.
- Some tasks performed by psychiatric service animals include:
  - Reminding the individual to take medicine
  - Providing safety checks or room searches, or turning on lights for persons with Post Traumatic Stress Disorder
  - Interrupting self-mutilation by persons with dissociative identity disorders
  - Keeping disoriented individuals from danger
- SSigDOG (sensory signal dogs or social signal dog) trained to assist a person with autism.
  - Dog alerts individual to common distracting repetitive movements
  - Allows individual to stop the movement (e.g., hand flapping).

- Emotional support animals (ESAs), comfort animals, and therapy animals integral part of medical treatment plan.
  - But, they are not service animals.
  - Not trained to perform specific tasks
  - Provide benefits to individuals with disabilities from mental disorders, including:
    - Companionship
    - Helping with loneliness
    - Helping with depression, anxiety, and other disorders.
- ESAs do not qualify as service animals under the Americans with Disabilities Act.
- May qualify as reasonable accommodations under the Fair Housing Act.



- Common request related to hoarding: more time to address clutter.
  - Landlord may ask for a doctor's letter verifying disability.
- Other examples include:
  - Transfer to a quieter unit
  - Having an additional freezer to store larger amounts of food
  - Mailing rent instead of dropping it off in rental office
  - Ability to communicate only through writing, or only on the telephone, etc.
  - Holding off eviction until individual has the chance to get treatment
  - Assistance completing housing application
  - Reference from social worker

- Many with disabilities, particularly with SMI, have a variety of people involved in their care, such as:
  - Case manager or social worker
  - In-Home Supportive Services provider
  - Payee
  - Family
  - Friends
- May be reasonable accommodation requests related to these different sources of support, including, but not limited to:
  - Allowing non-tenants to use facilities on behalf of the tenant, such as laundry rooms
  - 24-hour support

# Challenges

- Time! Medications and therapy can require a significant amount of time before one stabilizes.
- Stressor(s) can lead to flare of symptoms in a relatively short period of time.
- HIPAA
- Psychiatric Advanced Directives
- Many individuals with SMI lack insight into their illness and do not adhere to their treatment plans.
  - Long-acting injectable antipsychotics
  - Intensive case management
  - Laura's Law
  - Supportive Housing

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