Mental Disorders, Neurodevelopmental Disorders, and Reasonable Accommodations

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Outline

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- Common mental disorders
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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 ≥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 ≥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

- ≥ 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 ≥ 1 week, most of the day, nearly every day.

- Must also have ≥ 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 ≥ 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 ≥ 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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