

Transcript of Building Your Toolbox: Impacts of Mental Illness on Family Dynamics

Tiedra Marshall: Good morning. I am Tiedra Marshall, Family Support Coordinator with the Pennsylvania Family Support team based at the Center for Schools and Communities. I will be your moderator for today. It's my pleasure to welcome you to today's webinar session, Building Your Toolbox: Impacts of Mental Illness on Family Dynamics. Today's session is a beginners/intermediate level learning opportunity. Thank you all for submitting learning level, it's very helpful to us.

Our presenter today is Shalawn James, advocacy program manager from the Mental Health Association in Pennsylvania. Shalawn James is a graduate of Delaware State University and York College of Pennsylvania. She started her career in the human services field 15 years ago, specializing in mental health issues and advocacy. Her experiences include working community in a residential mental health services, family and adolescent case work, in-home therapeutic services, and advocacy and policy reform. It is my pleasure to welcome Shalawn this morning. Please be patient while I path the presenter privileges to her. Shalawn, thank you for joining us. The microphone is now yours.

Shalawn James: Thank you. Good morning everyone. Mental health is something that has always interested me. I grew up with my grandfather in my home, who had mental health needs. We, at the time, didn't know as children that he had those mental health needs. It was just something that happened. It was something that was there and something that we dealt with. We just thought, "Oh, he's just a little strange," and we went along with it. As I began to get older and really understand what was going on my interest in the area peaked and it has really driven who I am today and my work in the mental health field.

Today we're going to talk about your toolbox. I believe that everybody gets a toolbox when you're born and you put different tools in your toolbox to accomplish different tasks and be able to tackle different events. We are going to started.

Today, a brief overview of what we're going to go through. We're going to talk about mental health versus mental illness, some type of mental illness, stigma. Then we're going to look at some national statistics, parenting success, mental illness cycle, how to build your toolbox and specific tools for support professionals. Throughout the presentation I will say to you things like, "This is something that can go into your toolbox," or, "Here's something that you might want to put into your toolbox if you don't already have it in your toolbox." Are there any specific questions before we get started?

Mental health versus mental illness. Mental health is the ability of function effectively in the following three areas. Your daily activities. For children we look at home, we look at school, and then we look at some other community activity.

Are they struggling in any of those areas or all three of those areas? For adults it could be school, it could be home, work, and their ability to care-give. Those are all daily activities. Are they washing? Are they taking care of their daily hygiene needs. If those are impacted that would be a concern.

Healthy relationships. Are they engaging with a spouse or with their children or with their coworkers? Are they actively participating or are they sheltering? Are they choosing not to engage? Are they in abusive relationships, where they're either the abuser or being abused? And the ability to adapt to change.

Once we look at all three of these areas and there's an issue that is showing up in all three of these areas, then we can start to suspect that there's some kind of issue if these areas not being met effectively from day to day. Conversely, mental illness is going to be any of the disorders in the Diagnostic Statistical Manual that affects one's ability to perform in any of the three areas that we just talked about.

What's important is that if somebody is struggling in one of these areas it doesn't necessarily mean that they have a mental illness. Sometimes we like to over diagnose and over jump to a conclusion. Just because someone is struggling in school doesn't necessarily mean that they are having issues with a mental illness, there could be something else going on. It's important, especially as a support professional, to not jump to make the diagnosis, but observe and see what's going on, and then make the suggestion, make the referral outwards to a psychiatrist or another mental health professional that can make that diagnosis for the individual. Any questions?

Signs of mental illness. It is very important that the signs that we are going to look at for mental illness are signs that you can see in almost every individual on any given day at any given time. The important thing to remember is that you're going to see these signs and these symptoms over a prolonged period of time, three months, six months. It's going to be consistent on a daily basis that individuals that are struggling with mental health are going to see these signs and symptoms.

Some of the signs and symptoms that you could see, especially if you're going to into the home. Apathy, the person has a, "I don't really care," attitude about a lot of things, not just one thing but about most things. A drop in functioning, a lot of times with individuals that are depressed you will see them going from very high functioning, being able to take care of their daily hygiene needs, to not doing that at all, or not washing for two or three days at a time. That would be a drop in functioning for those individuals.

Feelings of disconnectedness, that is a sign, a symptom that you will most likely not see but you'll hear expressed by the individual. They'll say it to you. They'll say things to you like, "I don't feel like I belong here. I don't feel like anybody wants me here." They feel very disconnected with those that are around them with their environment.

Illogical thinking, so they're not thinking clear. They're having thoughts or delusions about perhaps maybe people that are out to get them, or things that you and I would not understand. Sometimes with a lot of schizophrenics you'll see this kind of thinking, it's illogical and their thought processes are incomplete.

Increased sensitivity, this can be something that's both emotional and physical. Physical sensitivity, they're sensitive to touch, they're sensitive to light. Too much light can be a sign or symptoms. Or emotional, somebody says to them to stop something and they bust out in tears and they're crying. They're overly sensitive to what's being said to them or what's being done to them.

Mood changes, you go from being extremely happy or manic to extremely sad or depressed. Nervousness, not normal nervousness where you are about to give a speech and you have the jitters, but nervousness about where you are, you're physically shaking, your nervousness is so overwhelming that you can't leave your house, that you are physically sick from being so nervous.

Problems thinking, problems keeping their train of thought, connecting one idea with the next. Sleep and appetite changes, that can be an increase or a decrease in sleep or appetite. Both would be indicators of some type of mental illness. When I'm very, very anxious sometimes I tend to not eat as much. I have a friend who when she's very, very anxious she overeats. It affects different people differently.

Unusual behaviors. Unusual behaviors that would be unusual to the general population. It's very, very important here to understand the context in which you're viewing the individual. Unusual behaviors to me may not be an unusual behavior to somebody that is from a different ethnic group, or a different socioeconomic background. So you have to be very, very careful with that particular sign and symptom, because there are other things that could come up that would indicate why they're doing those things. Any questions?

So, a question. A person that shows multiple signs of mental illness has a diagnosable disorder. Is that true or false?

Tiedra Marshall: We're going to give you a few minutes, a few moments to answer this question. We'll turn it back over to Shalawn in a few, so please take some time to answer true or false. Okay. It looks like most of you are voting. We're going to close it out, with most people saying, 72% of our attendees say that this is false, while 28% say that it is true.

Shalawn James: Okay, so that would be false. Here's why it is false. A lot of time mental illness will mimic other things. So when you start to look at someone's mental health and their mental illness, you have to take into account what's going on in their total picture of their life. Someone that is perhaps suffering from grief and loss will have some changes in mood. They will have some changes in their appetite and their sleep patterns. They will be highly sensitive. They may cry at the drop of a

dime because something that you said reminds them of their lost one, or of their loved one.

The same is true for individuals with crisis that are experiencing an immediate crisis in their life. They were just in a car accident, so now they're nervous, they're anxious. They're not thinking logically because they were just in a car accident and they're trying to regather themselves and think of where they are. Some medical conditions can sometimes mimic mental illness. Individuals with traumatic brain injury, or tumors in the brain, can sometimes mimic other mental health issues but are not necessarily have a diagnosable disorder.

Keep those things in mind, that just because somebody is demonstrating a lot of symptoms it could be something that is acute, something that it's going to be short term, it's not going to be prolonged that, three month period, six month period that we talked about earlier. And, it could be something else going on, a loss, some kind of tragedy or some kind of short term crisis, a car accident, rent due, they're being evicted. Those are short term tragedies for some people and can cause some of the same symptoms. Are there any questions about that? Awesome.

So, disorders. I only listed a few. There's an entire book, 500-and-some pages of disorders and symptoms that is available. I suggest this is a toolbox item, that if you're going to be working heavily with individuals that you know will have mental health issues, I suggest getting your hands on a copy of it, or an abbreviated version. There are some online sources of it as well. Just to give you a background of what you're dealing with, and so that you have a little bit more knowledge in your tool bag about specific diagnoses.

When we look at disorders, alcohol and substance abuse issues. That is a diagnoseable mental health issue. ADHD, anxiety, bipolar. Bipolar has had a number of names, manic depressive, but now they call it bipolar. It actually has a bipolar I or a bipolar II depending on the criteria that you meet. Bipolar is now the current name for that.

Depression, or you may hear it called major depressive disorder. Again, that's dependent on the doctor that's doing the diagnosing. Eating disorders, so your bulimias, your purging disorders, all of those would fall under, anorexia, all of those would fall under eating disorders. Intellectual disorders, you're looking at your autism spectrum. Some IDD can be diagnosed as a mental health disorder.

Posttraumatic distress disorder, we're seeing a lot of that and we hear a lot about that in the news now. Especially with a lot of combat soldiers coming back from war. It used to be called shell shock back in the day. There's a number of other names but now it's called post traumatic distress disorder. You also see this individuals that have had a major trauma, like a sexual assault, or have witnessed a murder. Individuals like that will get this diagnosis as well. Schizophrenia. Are there any other disorders that you all can think of that I didn't name? Or that you have questions of, "Is this really a mental health disorder?"

Tiedra Marshall: Shalawn, we have one question from Craig, who says, "What does it mean when they say a person is manic depressive or depressed?"

Shalawn James: Okay. So when you- I was on mute, I was not on. So when you talk about somebody being manic depressive, manic, bipolar is the manic depressive. Manic depressive is the old term for bipolar. What it really means is when you are manic depressive, so you have cycles of mood. When you're manic you are over the top, you are happy, you are going at 100, 110, 150. You are making decisions that are probably not very wise, they're spur of the moment decisions. I had a friend that was manic depressive and she spent almost \$10,000, she charged up almost \$10,000 on her credit card in an afternoon. She was just on go.

Then what happens is, your mood never levels out. So you go from being manic to depressed. You never have that medium of a normal medium place, where most of us linger in that area. We might get excited over, we're going on vacation, we're excited, we're up a little bit. But then we can quickly find our way back to being in that happy medium. Or something happens, you're stressed out at work and so you're kind of a little depressed. You're a little low about it, but then you quickly find your way back up to that happy medium.

When you're manic depressive you never find that happy medium. You go from extreme highs to extreme lows. When you're depressed, when you're major depressed, you're in that extreme low all of the time. You may sometimes find your way back up to that happy medium, but you're spending more of your time in that low, low, low area. Does that make sense?

Tiedra Marshall: Thank you. We have another question about pathological behavior. Is pathological or compulsive lying a disorder? The thought of the person who posed this question is that it is a symptom or a part of a syndrom, but of what?

Shalawn James: Okay. When we start to look at pathology, in the Diagnostical Statistical Manual when you look at getting a diagnosis you'll get axis one diagnoses, which all the diagnoses that I put up are are axis one diagnoses. Those are going to be your first tier level diagnoses. They're very treatable. They're very, things that you can either get medication for, or some cognitive therapy, or some behavioral therapy, and major life changes can occur with the correct treatment.

Then you have your axis two. Axis two are personality disorders. That's where you're going to start to get into some pathological things. You're going to start to see narcissism. Narcissism is a personality disorder. When you get diagnosed with a personality disorder there's really nothing that is going to change that in you. That is a part of who you are and it is ingrained in who you are. You're going to get histrionic disorder in those.

When you look at compulsive lying, that is probably going to be something that is ingrained in your personality and it's going to be a personality disorder. Can it manifest into other things? Yes. A person with a personality disorder could

perhaps isolate so many people because of their compulsive lying that it makes them depressed, if that makes sense. But a lot of times what you'll see with personality disorders is that the individual is, A, immune to what other people think. They don't care that they are isolating themselves from you. They are also oblivious to the fact that they have this, that it's something that is abnormal to the rest of the normal population. They believe that they are right 100% of the time, or most of the time, even if they're being told otherwise. Does that answer the question? Awesome.

Stigma. When we start to talk about people with mental health issues and stigma, if we don't get a good grasp on what stigma is and how it impacts individuals' mental health, this is probably for me one of the most important tools you can have in your toolbox. Stigma is the negative feelings or thoughts associated with a topic. That topic can be anything. We're talking about race, gender, class, politics. When you have a negative feeling associated with something and you then outwardly show it, then you're putting stigma on it, on that individual for that thing.

A person with mental health issues, they often feel stigma and they often feel like they are treated differently because of their mental health. As a practitioner and as a professional, when I look at stigma I understand that stigma can cause a lack of understanding or confusion. When we don't understand something and we don't understand why an individual is acting the way that they're acting ... So for a person that is depressed, and if you're not depressed and you don't understand what the symptoms of depression are, it's easy for us to say, "Why can't you just get out of bed? Why can't you just do this? Why do you have to cry all the time? That's nothing to be sad about."

It will cause us to discriminate against them. It will cause us to say, "Well, this person really can't do this because they have a mental health issue." Sometimes with coddle individuals with mental health issues because we want to protect and shelter them, because we feel like they maybe can't do it because of their mental health issues. That causes us to discriminate against them without really realizing that we're doing it.

Stigma can cause an individual to not seek help, or to hide their symptoms from those that are around them, from their loved ones. We pick up stigma from the things that we hear people say. They always say that racism is taught, and sometimes parents are a little thrown back when their kids say things, particular in school. They go to school and they something that the teacher calls them and says, "Your son said, your daughter said this, that or the other." The parents are like, "We don't do that in this house."

They've learned that from somewhere. It's probably from something they've heard or something they've seen on TV, or around the house. Kids listen to almost everything that we do or say. So when you start to really play those things back, those kinds of things, or if you're in a household and you have an individual that is struggling with their sexuality, if they always hear their parents saying

things negative about individuals that are homosexual, it's going to be less inviting for them to come out because they're going to feel that stigma.

It can also result in bullying and violence. Because we know that when we don't understand something and we're confused about it, then we tend to bully, or are violent towards people that are different than us. When we look at stigma I have very important questions that you have to ask yourself. Where do you stand on a particular topic? Where do you stand on mental health? What are your views of mental health? Where did that view come from, or why do you have that view?

Let me give you a quick example. My mother works with individuals with, adults that are developmentally disabled. They're developmentally challenged. They have some physical limitations. Part of her job is to make sure that they are doing their daily living activities, washing, going to the bathroom, sometimes they soil their pants. I have been to the home where she works, I cannot do that job. It is not for me. I know that it is not for.

In my head, I know I have a bias towards those individuals, because I have a very, very weak stomach. I can't do a whole lot of bodily fluids, I can't do a whole lot of ... It's never the job for me. If I were to get in a job where I had to do that, my reaction to somebody that maybe soiled their pants may be more aggressive towards that person. Because I'm now angry that I have to clean up, or I'm now put in a place where I have to do something that I don't want to have to do.

So understanding where I stand with those types of individuals helps me know how to treat them, helps me not put myself in situations like that. It's the same thing when it comes to race. If you don't understand how you feel about African-Americans or Latinos or Asians, it's going to be a very difficult road when you start to try to interact with those individuals because your biases are going to come out. You're going to assume things about them that may or may not be true. Are there any questions about that?

What do the numbers say about mental health illnesses? There's a couple of links here. Nami puts together these numbers almost every year. If we look at what the numbers say. One in five adults in America experience a mental health illness. Nearly one in 25 of those adults are living with a serious mental illness. When we're talking about serious mental illness we're talking about major depressive, we're talking about schizophrenia. It is impacting their lives significantly. They are not able to function in the workplace. They are not able to function in a family setting without some type of significant support.

One half of all chronic mental illnesses begin by the age of 14. That's pretty young. Just to point out, in the state of Pennsylvania if you're a parent, I tell this all the time to parents because parents are often shocked. In the state of Pennsylvania at the age 14, an individual that is 14 years or older is in charge of their own mental health. What that means for parents is if you take your child to the doctors and you say, "I think that my son or daughter is depressed," and the doctor says, "I'm going to provide them some medication." That child at the age

of 14 can say, "I don't want to take the medication," or, "I don't want to participate in therapy." By law that practitioner cannot force them to take that medication. The law is different in different states, but we're all here in Pennsylvania so that's something to know. It's something important for parents to know as their kids start to get older.

In the middle here of this chart, the number one diagnosis is depression. We're talking about \$193 billion in loss work time every year. That's a lot of money. 90% of individuals who commit suicide do have some type of underlying mental illness.

Treatment in America, and I want to point this out because I'm going to point out some differences on the next slide. Treatment in America, 60% of adults with mental health illnesses did not receive services. That's primarily because of stigma. They're ashamed somebody in their household doesn't believe in mental illness. I've heard that a lot. Nearly 50% of youth aged eight to 15 didn't receive mental health services in the previous year. Again that is a lot of individuals that are not being served from year to year.

Then the last chart, which will tie into the very next chart, is African-Americans and Hispanic-Americans use mental health services about half as much as the rate of their Caucasian counterparts. Asians are about one third of that rate. Does anybody know why? Or would like to take a stab as to why that is?

Okay, so when we look at African-Americans, when we look at minorities, and I'm going to say minorities because this will cover cultural confidence for a variety, for just not race but socioeconomic status, race definitely, but socioeconomic status will definitely fall into this category. When you look at those kind of factors you're going to get a different output from the individuals.

For example, in the African-American community mental health is not something that is talked about. The African-American community, and as is the Asian community, are very prideful individuals, and so it is not something that is talked about. It is not something that is generally accepted. Growing up, my grandfather had mental health issues. Our response to that was to go to the church. We went to the church, you give him prayer and things will get better that way.

The other issue is where there's services located. Are there services located in the African-American community? Are there services located in proximity to where African-Americans are going? Where Asians are going? The same thing with individuals that live in the country versus the city. There are not a whole lot of mental health services in the country, so individuals that in the country don't have access to these services, so they're not utilizing them as much.

Here in the middle you can see, at the very top, the multi-cultural. The numbers are exactly the same. The numbers are exactly the same as they were compared to American general. But then you start to see the big difference here in prevalence, so who's reporting mental illness. Again, you have to take into

account that these numbers are probably a little bit skewed because you're going to have lower numbers of African-Americans, Hispanics, Asians and American-Indians reporting mental illness than you are your Caucasian population.

These numbers are a little skewed, so you have to take that into account, that there are probably a lot of ... They can only gather data on people that report. If you're not looking at that you're going to get some skewed data. Any questions? Awesome.

Tiedra Marshall: For those of you who are interested, that info graphic has been posted in the chat box, so that resource is available to you as well.

Shalawn James: Okay. Just remember that for your toolbox, that when you go into your homes and you're working with your families or your families are coming you, remember the multi-cultural impact. It doesn't just include race but socioeconomic status is something else that you should look at as well.

I have a quick video. While you're looking at this video, imagine that this was a support group that you are running. One of the most important skills that you can pick up as a professional working with families that have mental health issues, is your ability to actively listen and pick up on things that people are saying but they aren't telling you, if that makes sense. We'll have a short discussion afterwards, so if there's any questions you guys can post them during the video.

Speaker 3: I think there's a bit of a fear that when you're going to through normal struggles of parenthood, that people are going to judge you more because you've got mental illness. They're going to say, "Well they can't cope because they've got this condition." When it's actually just something probably that everyone goes through. You're having a bad day and the house is upside down and there's a screaming child. They're having a tantrum, and you think, "Oh no."

But if I tell someone that I'm not coping today, they're going to think, "Well, it must be because you've got bipolar." Whereas it's just the fact that everyone has really shit days and that comes out.

Speaker 4: I have a problem with people seeing my self-harm scars on my arms. So occasionally, I mean I don't tend to worry about it too much anymore, but maybe on a Monday morning when someone might be wearing a t-shirt, and I still catch myself thinking " ... " Maybe walking at the playground my arms behind my back.

I do feel that, my daughter's in a little village near where I live, at the village school there's quite a few parents that know me from school. So I do feel judged in the playground, but I'm confident that Lily's personality and Lily's achievements at school will quash any kind of, "He's a bad father," because I really am not. But because you get used to hiding it and masking it to so many people, when you actually do tell people what you've been through, they're like, "I didn't even realize. You look ... "

- Speaker 3: You look normal.
- Speaker 4: Yeah, so together.
- Speaker 5: But the biggest thing that I find hard is, I was always brought up as in, you go to work you support your family and what have you. For the last four years now I haven't been able to work because of my mental health. And not showing Zane that way, although he saw it in his younger years as being hard for me. I'm lucky he's got the other side of the family, they're all working and what have you. But it's actually turned out that he's very proud of me for what I do for MIND and what I volunteer for MIND in the center and drive. He's very proud of me for that. It's a different way, so to speak.
- Speaker 3: I didn't think in the first year of her life that I was going to ever get to terms with being a parent. I couldn't even call myself a mother for year. I hated using the word because it didn't feel like me, it felt alien. Now I'm quite happy to say, "Yeah, I'm a mom and I have a daughter." To be able to say that now is so rewarding because I didn't think I'd get to that place.
- Speaker 4: Sometimes you feel you're winging it, and sometimes I make mistakes. It's perfectly right to make mistakes, because we make mistakes in our lives all the time. She tells me now, "Daddy, if everybody were perfect life would be boring." I'm like, " ... "
- Speaker 3: Yeah.
- Speaker 4: Yeah, damn, I take it from my daughter now, but yeah.
- Speaker 3: If you get to the end of the day, I say if I get to the end of the day and she's happy and she's alive, I've pretty much done okay today. That's kind of the thing.
- Speaker 4: Definitely, yeah. Don't put pressure on yourself I say.
- Shalawn James: Alright, so what kind of topics did we get out of that session, out of that video?
- Tiedra Marshall: Go ahead and please respond in the chat box, your reaction to watching that video. We'll take a few seconds to wait for you all to give some feedback and then we'll move through with the rest of the presentation.
- Okay, so some of the questions coming in or responses, people have noted it's important to provide individuals with an opportunity to talk. Some people noted that people are being judged, or they're not able to work if they have a mental disability. Someone noted about the mother who was dealing with a child who has tantrums, and how it impacts her ability to respond to that.
- Everyone has tough days. Everyone questions if they're parents, we can only imagine it's even that much more difficult for someone who has a mental health illness. Parents are aware of their mental health but they are having a hard time coping. It does not mean they can't cope, which ... I'm sorry, I'm having a hard

time reading this one. Other people may think they can't cope, even if they can with some difficulty. This video helps put a perspective on how the parents may feel. It helps the professional relate to them a bit more.

Shalawn James: Awesome. Those are great responses. This video for me brought out very heavy the issue with stigma and how individuals may feel, even if it's not what our intended goal is. The gentleman with the scars on his arm, I'm willing to bet you he has some bipolar going on, and so he has some self-injurious behaviors. He's very self-conscious about that, because that is a constant reminder of his mental illness. He struggles with that daily. As a professional you can support him with that struggle daily in just encouraging him to continue to be active, continue to be supportive to his child.

The other big thing that I got out of this is there was nothing that these individuals said that isn't true for all parents. All parents doubt themselves. All parents have those days where they're like, "I failed. I didn't not do that well." Because there is not book on parenting. There are tons of books, but nobody gets it 100% right. You've just got to live and learn and you make the best decisions as you can. You learn from your mistakes.

What you're going to find with individuals with mental illness is that they're going to have the same issues as most parents do, but they are going to struggle with them just a little bit more because of their mental illness.

Parents without mental illness have issues with coping. Parenting skills can go down and parenting success will go down if there's issues with coping, if there's issues with parent-child interaction. That means sometimes there's a power struggle between the child, or the communication isn't the best, parenting knowledge just in general. I've worked with families that didn't have general knowledge of how to parent. Maybe they weren't parented by their parents in a good manner, and so maybe they don't show affection, or they lived in a household where they were parented by a sibling. That's going to look very different than when you're being parented by an adult.

Supports. Supports, I cannot tell you how important ... are, especially for individuals with mental illness. Your supports is who is going to step in when your individual's mental illness are at the height of their crisis. They're also the ones that are going to help keep them stable for that parent. Parental stress, there's tons of parental stress. They're bills to be paid. The house needs to be clean. The child needs to go to school or go to bed on time. There's daily living activities that need to happen. All of those things are normal parental stress that all of us as parents would deal with, but perhaps not so well if we have a mental illness.

We're going to look at the mental illness cycle. Starting at the top you have symptom. I'm going to use depression because depression is easy. So, you're depressed, your symptom is you're depressed. You're not feeling like getting up out of the bed today, you just want to be in the bed, you're not very motivated.

You feel this way and so you make the decision to not go to work. Not going to work affects your consistency, so now you're not consistent with going to work and your employer starts to pick up on that. Now you've been told about it multiple times, and so now you're jeopardizing your safety and security. Because if you lose your job your safety and security is going to down. You're going to lose your source of income, you're going to lose your ability to provide for yourself and for your family, which means food, housing, transportation, a number of things.

If those things continue you'll have poor outcomes. Poor outcomes, you lose your job, you now have no money and so now your right back at your symptoms again, which makes you even more depressed. Does that make sense? Are there any questions about that? Awesome.

This next video is a young lady. She's going to do some talking. I am going stop it partway through the video because I want to be able to interject some areas that you all should be thinking about. Again we're going to work on active listening and see if we can pick up on some of the extra things that she's saying to us without actually telling us. I'm going to start the video and about halfway through I'm going to stop and we're going to get some questions, and then we're going to start it again and do some further questioning. I'm going to start the video now.

Amanda:

Hey guys, it's Amanda here. For today's video I wanted to talk about mental illness and its effects on parenting, or your choices when you're deciding certain things about your child or children. How that affects your choices and your decision making process, well at least mine anyway, not yours but I meant in general, parents or guardians or whoever's taking of these children, if you have any sort of mental illness.

For me I think, I'm trying to keep this steady, I think definitely when I'm very, very severely depressed, that my choices about my son probably aren't that great. But at the time I'm so depressed that I don't care, and that, it sounds kind of mean. Like, "Oh my God you don't care? You're a mom." But when you're that depressed, I mean so depressed that you can't get out of bed, you have no will to do anything, you really don't care.

You really don't, it's not just about the decisions you make with your children but any decision you make, just to get out of bed, to shower. You're like, "I don't have the energy and I don't care. I mean I'm dirty, I'm dirty, whatever." Because most likely you're not leaving your apartment or your house or wherever it is that you're leaving, so it's not really going to matter.

But, I don't know, I find that I shuffle the responsibility to somebody else if I am that depressed. Depending on how depressed I am, there are times when I kind of down but it's really a full on episode of depression. Everyone gets like that, they get down, they're not that happy. You go through [lull 00:49:35] kind of moods.

In those mind states, I don't always make, I guess the best decision I could make regarding whatever the issue is. I'm trying to think of an example. I guess, since where I live there's a lot of eyes and ears everywhere, so if I wasn't feeling all that great and my son said, "Can I go outside and ride my bike," I'd probably say, "Yeah, whatever. Go, I'll be out in a few minutes." That sounds like, "Okay, you'll be out in a few minutes," whatever, but where I live that's not always the best choice to make because people here, as I mentioned before, complain a lot.

So if they see you doing anything that they don't approve of, then you could ... they'll do whatever. The decision that I made to do that, normally I'd say, "No, you have to wait until I'm ready to go and we can go out together." That's my rule, "You can't go outside without an adult." When I'm in a state where I'm thinking clearly and whether I want to let him go outside by himself for just a few minutes or not. I don't want that to happen because it's my choice. It's my choice to make sure he's as safe as possible and there's as less drama and chaos as possible.

But if I'm depressed, severely depressed, I probably wouldn't care. Or I'd say, "No, I don't want you to go out. I don't want to go out so you can't go out." Which kind of isn't fair because he's a kid, he should be able to go out and play, you know, that kind of thing. But I don't have the energy, I don't have what it takes to do what he wants to do.

In that kind of sense, sometimes my illness can take over the thought process, my decision making process, of how I come to decisions and stuff like that. Not necessarily that it's a bad thing or my decisions are bad, but they are affected.

Shalawn James: Stop it there. She talked a lot about the mental health, the mental illness cycle. Are there any other things that you guys could pull out of what she said that were interesting, or areas of concern, or things that she was telling us that she wasn't exactly saying to us?

Again, we get to see a lot of the stigma, that was one of the comments. Stigma is huge. I can't express how big stigma is. We don't know this individual very well but the fact that she's feeling it, it is definitely impacting her life and her decisions that she's able to make, because of how she feels she is being viewed. This is huge for this individual. We've heard it time and time again, how much stigma will impact an individual. Are there any other thoughts?

Okay, so there were a number of questions that came up. How do you support a parent? You're coming into the home, you're working with the family and you're seeing, either you're physically seeing that the parent is not functioning at a high level, or they are telling you that they're not functioning at a high level. Some of the things that you want to be able to do is assess the situation as a whole. Are the neighbors really discriminating against her? Are the neighbors really that concerned? Is there some type of proof that you can ascertain from the individuals?

A lot of times individuals will say, "Well, I've got a community write-up. The association sent me a letter because my kid was outside," or, "The police were here because of X, Y and Z." You'll have some type of indication of an ongoing issue, or that could be the reason why you're there as the home visitor, because you've gotten a referral from an outside agency to come in and help monitor this individual.

The other thing you want to try to help them do is get to the bare bones of what's going on. For this young lady, there's a lot of stigma that she's showing. There's a lot of concern that she's showing about where's her support system. She says that she shuffles her son off to someone when she feels like she can't focus, where's that individual? Is that individual somebody that's living in the house? Is that individual somebody that can also be historian? A lot of times individuals with mental health issues are not good historians. They can't really give you a timeline of what's going on. So is that individual living in the house? How active are they with this mom?

Those would all be things, those are the bare bone things that you want to try to ascertain. Or is there a neighbor that she really trusts? Because as a provider you can't always be there 24/7 365, so you have to try to find somebody that she trusts, that cares about her, that's going to be able to be that support system for her.

We're going to finish the video. While we're looking at the other video, she's going to make a couple other ... she's going to tell us a couple other things without telling us. I want to see if you guys can pick those out, because she may not say to us that it's a concern but as a provider, if we can pick those things up we may be helping them in such an impactful way by getting little things out of the way that we can help their overall mental health picture.

Amanda:

... like the thought process, my decision making process of how I come to decisions and stuff like that. Not necessarily that it's a bad thing or my decisions are bad, but they are affected in terms of what I decide or what I don't decide. It's also on the other side of the spectrum, when I'm either hypomanic or manic, or what have you. I might be overly excited about stuff and overly enthusiastic. I'm like "[inaudible 00:56:26]" I'm not even thinking. I'm just so excited I just want to enjoy stuff, go with the flow and that kind of thing.

Of course I'm basing this all off of because of where I live and that kind of thing. Of course there's other factors that go into your decision making process. But when you're in a mind set or a mood or whatever it is based on your own illnesses or illnesses, I think it can definitely affect that way that you think about things and decide things. Yeah. Also with mental illness a lot of times people have substance issues to go with that. I think that can definitely have an effect on things that you decide. Sometimes you don't realize this choice that you made, it might not seem like a big deal at the time but then when something happens because of the decision that you made, sometimes you see it, sometimes you don't.

I think in the times that you realize, "Oh my God, my decision had this effect. Maybe I should rethink things." I think that's when you will have a better awareness of yourself. I think that's when you can really start to take hold of your illnesses, like, "You're not going to control me. I make the decisions, not you." You know what I mean? For all those out there who have kids or you're raising kids or whatever situation you're in with kids, not every decision you make is bad. It's not every decision you make is wrong, but I think it's good to look at the choice that you're making and really think about the effects that could happen.

Sometimes it's unforeseen, sometimes it's not. But really think about it, so you know like, "Okay, if I make this choice, what are the possible effects that could come from that, good or bad?" Because having bipolar, I have impulse control issues. So sometimes it's inside, I can't control how I feel and I can't control it. I try really, really hard but it doesn't always happen for me. But I recognize that, and I think recognizing certain things that are within your control, without your control, and your decisions when it comes to your parenting and stuff like that, I think being aware of how you parent and the decisions that you make, if you keep track of that you can make better decisions based off of your experiences and what you know for yourself.

That's pretty much, I just wanted to talk about that mental illness can have an effect on not just parenting but decisions anywhere, but I focused this on parenting because I do have a child and I have made decisions that probably weren't the best at the time. But either I was in severe pain from my back surgeries or I've been depressed or this or that and everything else. Sometimes you just can't handle sometimes so you kind of, "Whatever, just go away." You know what I mean?

It might not always be the best decision at the time and you might not even be thinking about it, but it's good have it up here. Not to always been thinking about it, but you make certain decisions, especially if you have bipolar and you're up or you're down, or you're all over the place, try and think of ... You might even sit down and say, "I know this is the best decision but I want to do this instead." And then think about it and realize where you are and how you're making those decisions. Alright, I'm going to go now. I actually have ... Yeah, I kind of made it under the bell. So yeah, alright, well I'm going to go because I have to go pay my rent, it's late. But I had issues with my car, so what are you going to do? Alright, I'm going to go and I will talk to you guys later. You guys take care. I'll see you next time. Bye.

Shalawn James:

The video, you'll get access to the video. What she ends up saying is that in addition to the neighbors talking to ... the issues that she's having with the neighbors, she kind of nonchalantly says she's had car issues and she's had issues with paying her rent. Those two things right there ... and she didn't say those were causing any depression. She didn't say that they are concerns of hers. She just kind of say, "You know, what are you going to do. It happens. Life happens."

But I bet you if we were to take a deeper look at that and say, "Hey, how's your budget?" Or, "Let's look and see if we can find some programs that can help you with transportation, or somebody that can help fix that car for you at a cheaper rate," and we take care of those little issues, we're significantly reducing her stress. We're then impacting her ability to probably do a little better job at parenting, and she's not as depressed. I know when money's not flowing right in my life it impacts me big time. So somebody that has a mental health issue on top of that, if you can help eliminate some of those financial issues that may be the biggest you could do for that person.

She didn't ask for it. She didn't ask for that help. But as active listener you recognize that this is now something that she's expressing to you in a non-direct way, that she is having an issue with. If we can bring that up and say, "Hey, how can I help you deal with this financial issue that you were talking about?" Because it definitely wasn't the topic that she was discussing with us.

Moving on to the resources that you should have in your toolbox. Have a list of your local MHA and your local MHIB programs. MHAs are your mental health associations. They are all over. I put up a list of the MHAs in the Pennsylvania area. They're right on my organization's website. There's contact information for every MHA and the affiliates that are in throughout Pennsylvania. Then MHID, those are mental health intellectual disability organizations that will help with case management, some day-to-day daily living. They will help with accessing mental health providers such as therapists, psychiatrists and those type of services, also little things like transportation to and from mental health appointments.

Those organizations provide a huge, huge service in the community. Here in Dauphin County that will be CMU or case management unit. They're located on Cameron Street. So local case management. I couldn't find a comprehensive list of them but if you call your ... if you log into Google and Google, "case management, mental health case management," it will pop up a list.

List of providers. As you start to work more and more with individuals you'll have a list of providers that are your go-to providers. I would always have my favorite child psychologist to call on, or my favorite psychiatrist that would do therapy. You can also look at 211. I know that's put out by United Way. They put out booklets. 211 is also a list of providers that you can get. Daycare is huge for individuals. Are we finding daycares and list of daycares and the services that are appropriate for them? Are they linked with organizations that will help them with food, food stamps, social services, those kind of things.

Emergency, acute care and crisis management. Know what your local numbers for those organizations are. The local crisis, they're open 24 hours a day, so if you need to call somebody you're not stuck, put those numbers in your phone, because 911 isn't always the best choice. If you're calling crisis there's somebody there that is trained that can help you, because especially if you're going into the homes you never know what you're going to find when you walk into a home.

Sometimes somebody in the throes of crisis, you need to be able to get them some help quick.

Establish who your support systems are for this individual. It could be a spouse, it could be extended family, it could be a friend, it could be a neighbor. It should not be a provider. You are a support but you should not be the main support system. You're going to start to look for, if they don't have any extended family, if they tell you, "I don't have any friends," start to look for organizations that provide those services. There are organizations that provide services to come out and do peer support, peer services in the community that can be that extra support system for an individual.

Relationship building. I can't stress enough how important it is to build relationships. I worked with an individual that had schizophrenia. I worked with her for almost five years. We had a relationship like no other. She was court ordered services, and that's a very difficult situation to be in, but I went in right away and I met her exactly where she was. She was schizophrenic, she saw individuals that were not in the room. I knew that from the court report, from the report that I got. So I met her where she was with it.

I made it clear to her, "I don't see these individuals, but you need to tell me where I can sit, because I can see that we're not alone here in this room." Once I met her there, and once I let her know, "Hey, I don't see them. I don't hear them. But I know that you do," and so we can work with that. Nothing I said to her was a myth, nothing I said to her was question. She had a major incident with the Harrisburg city police, and they called me because I was the one that was able to talk her down. I was able to simply say to her, "Have I ever lied to you? No? Then you need to trust me and this is what's going to be in your best interest," and it works.

Trust, you need to model trusting behaviors. If you say you're going to be there for an appointment at two o'clock, be there for that appointment at two o'clock. If you need to cancel because things happen, call that person and say, "Something came up, I need to cancel. Let's reschedule right now."

Additional tools, things that you should always carry with you. I always carry the diagnostic and statistical manual. Always carry the prescription hand book. Individuals will sometimes have prescriptions sitting out, but they won't be able to tell you why they're taking that prescription. So if you have a prescription handbook you can at least get an idea of what's going on. You'll be able to observe, they may not tell you that they have a mental health issue but if you see a prescription sitting out for something that is a mental health drug, then you can say, "Okay, this is going on." You can tuck that in the back of your head.

Pencils, pens, paper, you should always have that stuff. Calendar and agenda, consistency is key for individuals with mental health issues. So if you're teaching them to be consistent and you're being consistent with them, making calendars

with them. I would always have a calendar that was my own, and then have a calendar that I would give to them to help individuals stay on track.

Be flexible. You're going to have a plan when you go into some of these homes sometimes. You're going to have a plan and you're going to be excited. You're going to say, "Hey, today we're going to work on budget. We're going to do this, and we're going to talk about this." You get there, and it's not happening. Kid is throwing a tantrum or mom is severely depressed, and so everything that you had planned is out the window because now you have to deal with the crisis that's at hand, so just be flexible. Are there any questions?

Tiedra Marshall: [inaudible 01:10:47] delivering [inaudible 01:10:51] Okay, sorry if you can't hear me. I was seeing for PAT, if you're delivering parent as teacher services, that required questionnaire or screener that you're doing for the wellbeing of the family, whether it's your life skills progression tool or another wellbeing tool that you're using to screen a family. That may get you to the information you need to assess the quality of their mental wellbeing.

Your funding source may even also require you to use another tool that's going to assess the quality of their wellbeing. But it's something that you can do, which is check back your funding source as well as your program to see if that's in the purview of the services that you are delivering. But you can definitely email one of us here at the state office so we can continue to support you in finding out how to do that.

Shalawn James: The other thing, when you're going in the homes a lot of times you're there contracted by some entity. The likelihood of there being some type of concern would either already be documented for you, so you won't be the one doing the diagnosis, you'll already know what the history is with the parent. Or, your questionnaire should really ... sometimes people don't answer the questionnaire truthfully so it may be something you'll find out later on as you're working with them. That's why building the relationships is so important.

And then just make sure that you're clear and concise with your communication. If you want an individual to follow one, two, three magic, you have to be clear and concise about what those steps are with one, two, three magic. Consistent expectations, don't change it up on them, because they're going to follow what you're saying to a T. Goal setting, planning and observation skills. Any other questions?

Thank you for participating today. I hope I was able to give you a little bit of insight and some tools to use as you go into homes and start to service individuals with any of their needs. You can visit our website if you have any questions, all my contact information you can find on the website. Thank you.

Tiedra Marshall: Thank you Shalawn for all that wonderful information. Thank you all for joining us today. The archive session will be at the PAC website within a week. When you receive the electronic evaluation via email, please take a few moments t

complete it, it is helpful to us, making sure that you receive the highest quality level of professional development.

Registration information for next month's webinar will be coming out soon. We're still working on a topic. Please remember you can join Family Support webinars in multiple ways, including on mobile devices such as a phone or a tablet. Thank you again for joining us. This concludes today's webinar.