

Module V

Substance Abuse and Common Mental Health Disorders

Introduction

To the instructor

The history of mental disorder classification is an interesting one. 1979 saw the introduction of Diagnostic and Statistical Manual of the American Psychiatric Association (popularly known as “The DSM”). Now on its way to a fifth edition, the DSM IV, has become a kind of categorical Bible (some would argue “cookbook”) which is used and misused by insurance companies, HMOs, courts and clinicians to codify diagnoses for billing and delineation of designated service populations. Standard diagnoses are also a good way for clinicians to be sure they are describing phenomenon correctly in order to do good research and provide proper treatment.

This poses some challenges for the ombudsman who may be trying to advocate. An individual with mental illness will likely wish to be seen for something other than his mental illness in a health care setting that is trying to get the individual to “accept” his diagnosis and to maintain defined populations.

Ombudsmen will frequently encounter a lot of unfamiliar medical diagnoses and terminology. This can often generate a feeling that the ombudsman is unqualified to talk about or advocate for their resident.

This session is designed to provide the ombudsman with the terminology and common diagnoses used by psychiatrists and mental health professionals to describe and discuss mental illness. It is intended to create comfort. It is not intended to promote labeling of individuals or to encourage ombudsmen to make their own diagnoses.

How to present this module

The instructor or facilitator begins with a brief overview of the purpose of this training, defines the goals and objectives of module V and sets out the plan for achieving them.

It is very important that the instructor emphasize that the purpose of the training is NOT to encourage labeling, but rather to facilitate communication with agencies and professionals. As an example, the instructor might say, “it will likely be less important to you to know whether or not an individual’s hallucinations are because of schizophrenia or a bipolar disorder. It will likely be very important for the ombudsmen to know some of the difficulties faced by individuals with either disorder”.

It is also important for the instructor to stress that not all disorders can be covered in a one hour presentation. Encourage the ombudsmen to read each of the NAMI or NIMH handouts included in this module and to save them for reference.

