Good Morning,

First of all, I want to thank you for all the work that you do with the poor and needy. St. Vincent de Paul groups are a real inspiration to the rest of us. I am also going to ask you to hold your questions to the end of my talk since we have a very limited time and there is a good chance that I will answer your questions along the way.

When Bob asked me to give this talk, he said that most of the people that his group serve don't have a mental illness, they are just down on their luck. Well, probably more of his clients than he realizes are struggling with mental health issues. They may not be talking to themselves or to invisible strangers, but there is a good chance that the reason that they are unable to keep steady employment is because of a chemical imbalance in their brain.

Most people with mental health issues work very hard to appear in the normal range most of the time. Sometimes it takes so much of their energy to appear well, that it wears them out and they decide that it is not worth the effort. They quit school or their job and stay in the safety of their homes.

I am going to give you a brief overview of some of the many mental health disorders. The first one is bipolar disorder which used to be called Manic Depressive Disorder and is a chemical disorder of the brain resulting in episodes of mania and depression. Mania is a state of high energy with racing thoughts, sleeplessness, impulsivity and grandiose ideas. I will address depression in a few minutes. Between episodes most people with bipolar disorder have relatively normal moods and activity levels and they may go years or decades with out a major episode. For some people with this particular chemical imbalance, managing their symptoms is fairly easy so they are able to have full time jobs and a good family life. I know a nephrologist with it. But for about 83% of people with bipolar disorder it causes severe impairment. No cocktail of medications evens them out completely. No matter how many hospitalizations they go through, no matter how much counseling they have, they have breakthrough manic or depressive episodes which cause havoc with their lives.

Another mood disorder, Major Depression, involves disturbances in mood, concentration, sleep, activity, and social behavior. Unlike typical emotional experiences of sadness, or loss, major depression is a persistent illness that is estimated to **affect 17 million** American adults or approximately **6.8%** of the population. It is the leading cause of disability in the United States. Major depression can occur at any age and people of all ethnic, racial and socioeconomic groups can suffer from this illness. People with major depression are usually in physical pain. Two reasons that they cannot work is because they cannot concentrate or make decisions. Left

untreated, major depression can lead to suicide. As devastating as this illness can be, it is usually treatable with medication, therapy and life style changes.

Unlike bipolar disorder and major depression, schizophrenia is not a mood disorder, but a thought disorder. If interferes with a persons' ability to think clearly, manage emotions, make decisions and relate to others. Many people with schizophrenia have hallucinations and delusions which means they hear, see, smell, feel or taste things that aren't there or that they believe things that are not true. One young man I know was convinced that his mother hit him when he was a teenager. He felt her do it, except she never actually did it. Some people with schizophrenia hear voices or music. One woman told me that she couldn't stand the songs that played in her head. They were her Dad's old country and western favorites. Besides these symptoms which are called positive symptoms because something is added to normal behavior, there are negative symptoms, things missing in people's lives. Most people with schizophrenia have no motivation to accomplish goals or form social relationships. They usually have a flat affect that puts other people off and makes life very difficult.

Medication can sometimes stabilize symptoms, but the many facets of this disorder coupled with the side effects from the medication make consistent employment almost impossible. Interestingly about 80% of the people living with schizophrenia have what is called anosognosia, which means that they have moderate to severe unawareness of their disorder. They have no way of knowing what they are experiencing is not real. This was what happened with John Nash, the Nobel Prize winner in economics, who was sure that aliens were talking to him. He publicly stated that the ideas that won him the Nobel Prize came in the same way that the idea that aliens were talking to him did.

Another debilitating disorder is schizoaffective disorder. This is when a person experiences both the delusions and hallucinations of schizophrenia and the mood swings of bipolar disorder. This is very difficult to treat, but I do know a young man who is working full time with this disorder. We hope that he can continue to do so. On the other hand I work with a woman with this diagnosis who couldn't keep herself safe, so the county had to take away her rights and conserve her.

Post-traumatic Stress Disorder can be a response to any traumatic event, military service, abuse, assault, a natural disaster, surviving a violent crime or even witnessing a crime. People living with this disorder can have nightmares, flashbacks or intrusive memories. Often people will detach from those close to them and from things that they formerly enjoyed, become estranged and have difficulty maintaining loving feelings or intimacy. They can be on edge, irritable and angry, ever watchful and overreacting when startled. Even with all the returning male soldiers, in a given year 5.2% of American woman experience PTSD in comparison to 1.8% of American men.

Next we have the anxiety disorders. In any given year an average of **19.1%** of Americans, that is **48 million people** experience an anxiety disorder. That is almost 1 in 5. They have a phobia or anxiety that causes real physical symptoms. They can have chest pain, heart palpitations, hyperventilation, upset stomach, feelings of being disconnected and fear of dying. We have a grandson with such anxieties. He started to hyperventilate when we took him to a very small country fair. It took a good hour before he could walk in the gates, even though he could see his Grandpa and younger sister having a good time inside those gates.

There is also obsessive-compulsive disorder where the people know that their thoughts and behavior is not logical, but can't stop those thoughts and that behavior. The most common behaviors are compulsive hand washing and door locking.
I know a woman whose husband rearranges the trash in their totter all night long on the night before trash pick-up day. He owns his own business and is completely rational in all other areas of his life. Of course, on trash pick-up day, he can barely function after being awake all night and his wife has to take up the slack in their office.

There are medications that can be prescribed for all the chemically based disorders I have described, but many times the people feel worse on the medications and choose not to take them. Would you take a medication that caused you to gain 60 pounds, made you feel lousy and prevented you from being able to have sex? That is something to think about.

A completely different disorder is borderline personality disorder which is characterized by abrupt and extreme mood changes, stormy interpersonal relationships, unstable and fluctuating self-image and self-

destructive actions. People with this disorder can lose their temper in an instant, partially because everything is black and white in their minds. There are no medications that work on a consistent basis for this condition.

So, when you are working with clients, you don't know what invisible hurdles they are facing. You don't know if just meeting with you has caused them to have an upset stomach. You don't know if they hurt all over because of major depression. You don't know if the voices in their head are telling them that they are no good and don't deserve any services. You don't know if their thoughts are racing so fast that they have no idea what you are talking about. So a good solution is to work with each person as if that person has major mental health issues. This is what you can do to help communication.

1. Use short clear direct sentences.
2. Keep the content of what you say simple. Discuss only one topic at a time and give only one direction at a time. Be as concrete as possible.
3. Keep the level of stimulation as low as possible. Stay as calm as possible.
4. Be pleasant and firm. Keep healthy boundaries.
5 Assume that the person will not absorb everything you say to them. You will probably have to repeat your directions. Be patient.
6. If the client seems withdrawn give them space and, if possible, wait for another day to continue the interview.
7. If possible, take a walk with the client. Walking side by side is a lot less threatening than sitting across from someone and having to look at them. Walking also seems to calm some peoples' hallucinations. It reduces a lot of people's anxiety. Just having to sit still is really hard for someone who is manic, anxious or hurts all over because of major depression.

A very good technique is to use I statements in a direct specific manner. These statements put you at the center of the communication. I statements focus on the facts without blaming anyone.

For example: "I need this form completed in order to bring food here." Can you see how different that feels than, "you need to fill out this form in order to receive services.'

Another example would be,
"I don't feel comfortable when people smoke indoors." The focus is on you and your feelings. The client does not feel blamed or intimidated.

Everyone has a different reality depending on their life experiences. It is not your job to try to bring your clients' reality in line with yours. Not only is it not your job, it is impossible. They are going to believe what they believe. Your job is to work with them so that you can have effective communication. One way to do this is through reflective listening.

Sometimes a client will say that all of her employers have treated her unfairly. We are all tempted to say, "I am sure you will find a good one soon. " The trouble with saying this is we are not acknowledging this woman's feelings. In order to validate her feelings we can say, "It must feel horrible to think that all of your employers have treated you unfairly." We are not saying that the statement is right or wrong. We are saying that we understand the feelings behind the statement.

If the client says that they think someone is following them because they see the same red car everywhere they go. You don't have to say if you think that is true or not. You can just say, "That must be really scary to think that someone is following you."

One thing that you might hear often is "Everyone at social services hates me. None of them treat me fairly." A much as you want to say that can't be true, the best approach is to say," It must feel horrible to feel hated by so many people". If you can say that, if you can validate your client's feelings of frustration, there is a good chance that he will say. "Well, there is one worker that I saw last Tuesday that wasn't so bad. " To that you can reply something like. "It must feel good that there is one worker who treats you fairly." He might then say, "Her name is Carol." At this point you can say " You must feel good that Carol treats you fairly." If you continue to use reflective listening there is a good chance that your client will realize that he can ask for Carol and work with a worker that does not hate him.

The same thing goes with the red car. If you validate how scary seeing the red car everyplace is, there is a good chance the person will then be able to say, that they didn't see the red car this morning. If you continue to use reflective listening, there is the possibility that the person might realize that he is not being followed. Even if he does not realize this, he does realize that you care about him.

With this type of communication the client knows that he is being heard and can hear that you understand his feelings about the matter. Even if you don't discuss further the matter that caused his frustration or fear, you have a basis of rapport. With that basis you can then move into what you want to discuss.

So to summarize this talk, you are going to be working with many different people. Some of them will have a chemical imbalance in their brain, which we call a mental illness. Some of them will have attention deficit disorder. Some will be on the autism spectrum and some will have a cognitive disorder. It really doesn't matter what prevents them from providing for themselves and their families. What matters is that you can communicate with them effectively. In order to do so, it is best to be calm and respectful, use short simple sentences, use I statements and use reflective listening. Let them know that you hear the feelings behind their statements and want to validate those feelings. This can help diffuse crisis situations and may prevent them from even occurring. Do not try to change their perception of reality. If they believe that other people can hear their thoughts, they believe that. You can't change their mind. What you can do is say how really scary that must be. Then they know that you care about them and care that they are scared. With that basis you can begin to build a relationship.

Are there any questions?