



ENGLEWOOD
HEALTH

Introduction to Behavioral Health

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HEALTH = Physical + Behavioral + Social +
Spiritual + Environmental



What does Behavioral Health mean?

- Behavioral Health = Mental Health + Addiction
- Everyone has Physical Health needs, problems and strategies for success
- We also have Behavioral Health needs, problems and strategies for success
- Nobody wants to be sad or depressed
- Nobody wants to get PTSD or an eating disorder
- No kid was ever born hoping to develop a substance use disorder
- But, most of us at some point in our life will **personally** experience a behavioral health issue AND be impacted by those of people close to us
- Symptoms ≠ conditions ≠ diagnosis ≠ disorder ≠ severe disorder

Common Reasons People Seek Treatment

- Depression
- Anxiety and stress
- Marriage problems, infidelity, divorce, or other relationship issues
- Sexual problems, sexuality / gender-identity challenges
- Addictions and compulsions
- Grief, loss, or bereavement
- Anger
- Dissatisfaction with self-identity / career/ concepts of future
- Parenting or family problems
- Phobias
- Insomnia
- Fertility issues
- Chronic pain or illness
- Domestic violence or abuse
- Eating disorders

Some Statistics

- In the United States, almost half of adults (46.4 percent) will experience a mental illness during their lifetime.
- In the past year, 20 million adults (8.4%) had a substance use disorder. Almost 8 million American adults battled both a mental health disorder and a substance use disorder (co-occurring disorders).
- More than **34,000** American lives are lost annually to suicide.
- Half of all mental disorders begin by age 14 and three-quarters by age 24.
- **50%** of high school students diagnosed with a mental illness don't graduate high school.
- New Jersey had the highest probability of having a mental health disorder out of every single state.
- In 2017 72,000 people died in America from drug overdoses.
- Nearly eight NJ residents died of drug overdoses each day in 2017.

Who Can Develop a Behavioral Health Condition?

- **Everyone:** globally, throughout history, ALL ethnicities/religions/income-levels/genders/ages.
- **Anyone:** it is often hard for people to tell whether someone may have a condition. Often the person themselves will not know until lots of time has passed.
 - On average it takes a person TEN YEARS to seek treatment after they first experience symptoms
- Just as we have no way of knowing who will/will not get cancer or diabetes, we also cannot tell who will/will not develop a behavioral health disorder. Therefore we have to be open-minded and non-judgmental
- BUT, we can look at an individual's **risk factors** and **protective factors** to determine their **probability** of developing a disorder as well as their ability to cope with having a disorder.

Risk Factors vs Protective Factors

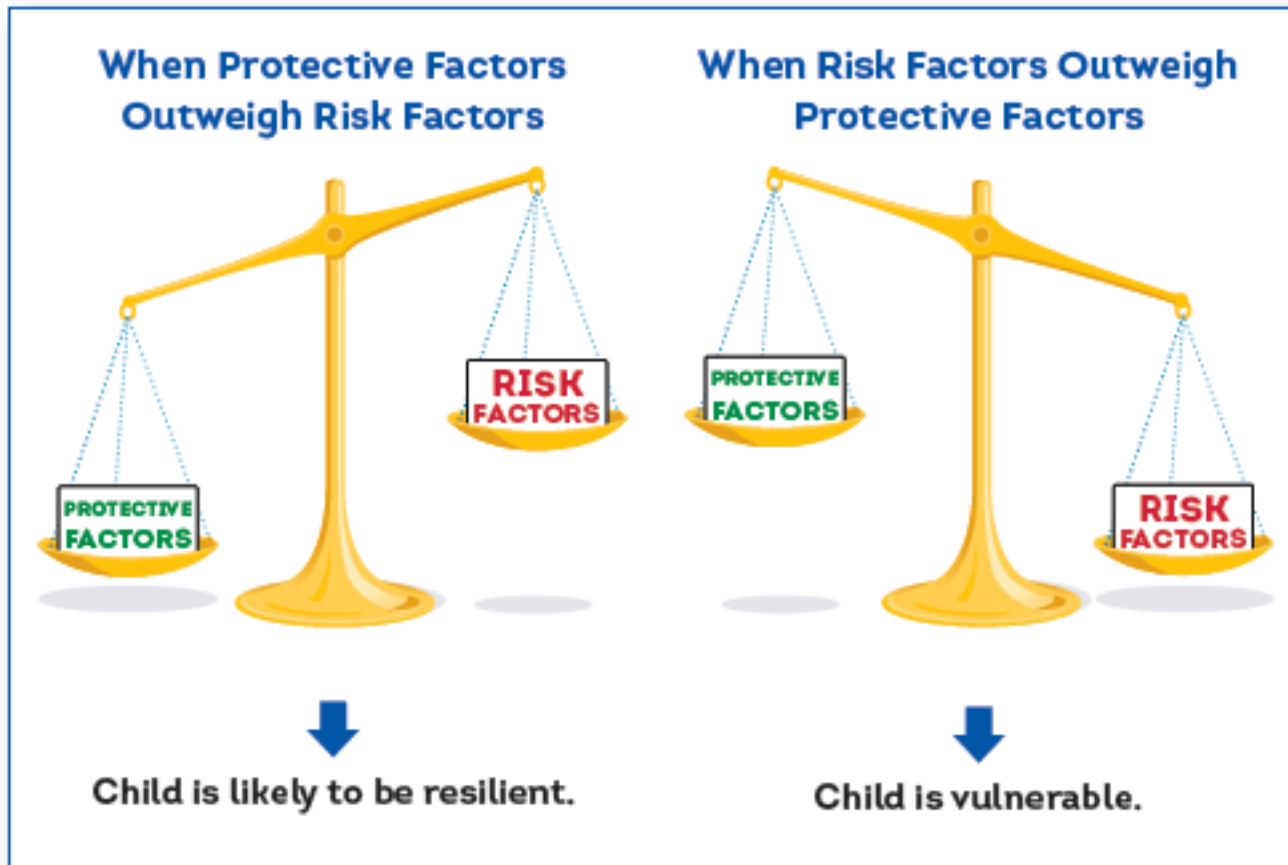


FIGURE 2.1: Resilience Scale

Risk & Protective Factors

Biophysical Risk Factors

- Family history of mental health problems
- Chronic medical condition such as cancer/diabetes, hypothyroidism, Alzheimer's or Parkinson's
- Use of alcohol or drugs
- Poor nutrition and lack of sleep

Psychological

- Adverse Childhood Experiences (ACE's) such as abuse, parental divorce, rape
- Stressful life situations, such as financial problems or sick family members
- Low self-esteem, perceived incompetence, negative view of life
- Poor academic achievement

Biophysical Protective Factors

- Secure Attachment as a child
- Healthy diet, exercise, and development

Psychological Protective Factors

- Reliable support and discipline from caregivers
- Following rules at home, school, work
- Emotional self-regulation
- Good coping skills and problem solving skills
- Subjective sense of self-sufficiency
- Optimism
- Positive self-regard

Risk & Protective Factors

Social Risk Factors

- Being in an abusive relationship
- Few friends or healthy relationships
- Recent loss, e.g. death, divorce, break-up
- Growing up, or currently living, in poverty
- Poor social skills, poor communication skills
- Discrimination, bullying
- Lack of access to support services

Spiritual Risk Factor

- Perception of being irredeemable or inherently flawed beyond repair
- Perception of insignificance
- Conflicting thoughts or doubts surrounding deep religious beliefs

Social Protective Factors

- Supportive relationship with family
- Good peer relationships
- Ability to make friends and get along with others
- Participation in sports team, club, community, or religious group
- Economic/Financial Security
- Access to support services

Spiritual Protective Factors

- Future orientation
- Achievement motivation
- Set of moral beliefs

The Family as game-changer

- Connectedness to key relationships
- Sense of belonging and shared culture
- Secure attachment within oneself
- Encouragement and acceptance of individual differences
- Role modelling
- Communication styles and norms
- Morals, values and rules
- Having an important role within larger entity
- Unconditional support and love
- Focus on constructive lifestyle routines, habits and problem solving
- Shared spirituality and faith

Where to go for Help ?



Who Works in Behavioral Health?

Medication Prescribers

- Primary Care Physicians (PCP)
- Psychiatrist / Nurse Practitioner (NP) / Advanced Practice Nurse (APN)

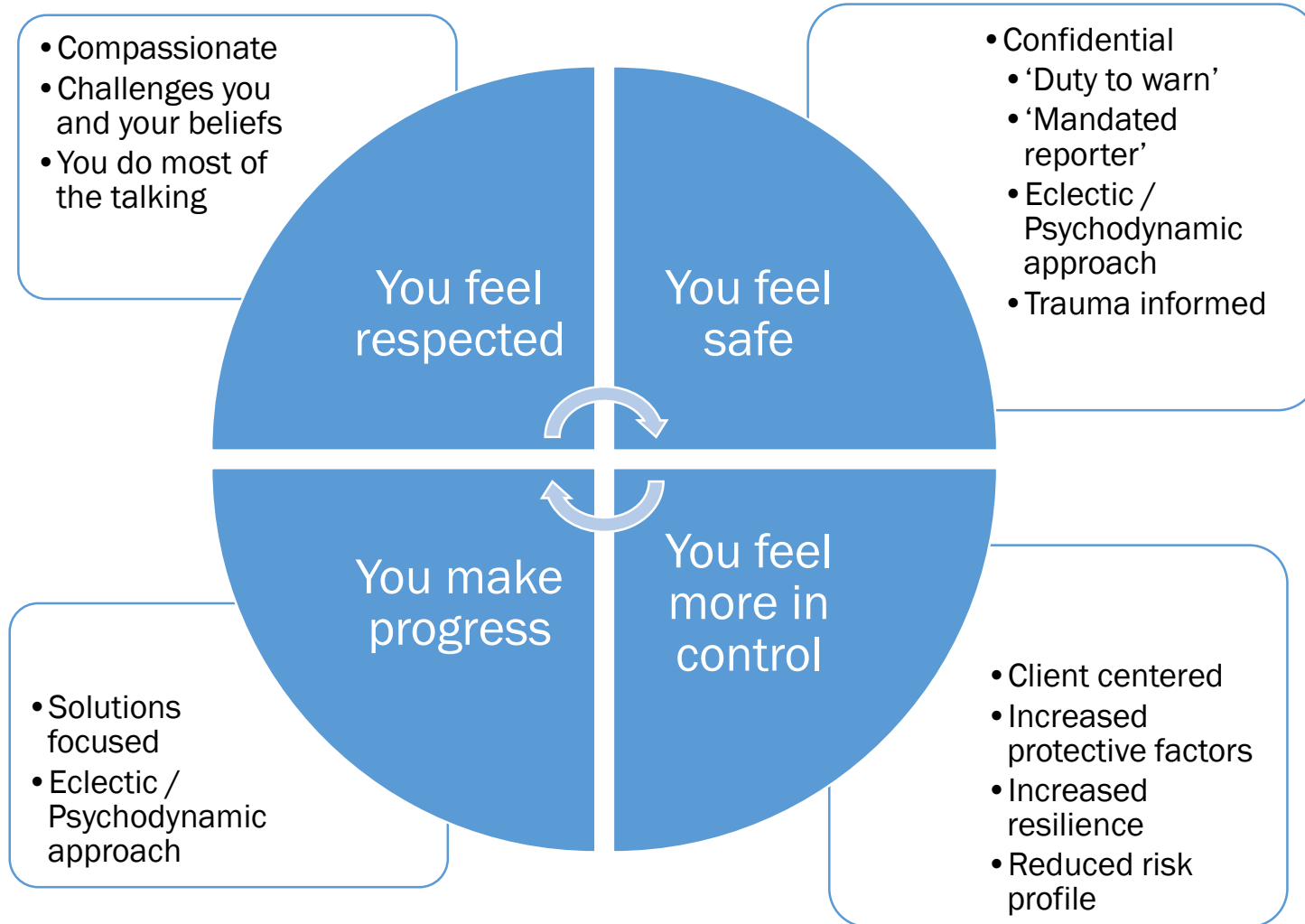
Talk Therapy

- Licensed Clinical Social Worker (LCSW)
- Counselor
- Psychologist
- Peer (Recovery) Specialist
- Substance-use counselor, eating disorders therapist, LGBTQ counselor

Levels of Care

- Outpatient, Support Groups, Intensive Outpatient, Detox, Rehab, Residential Program

Common Characteristics of ALL Providers



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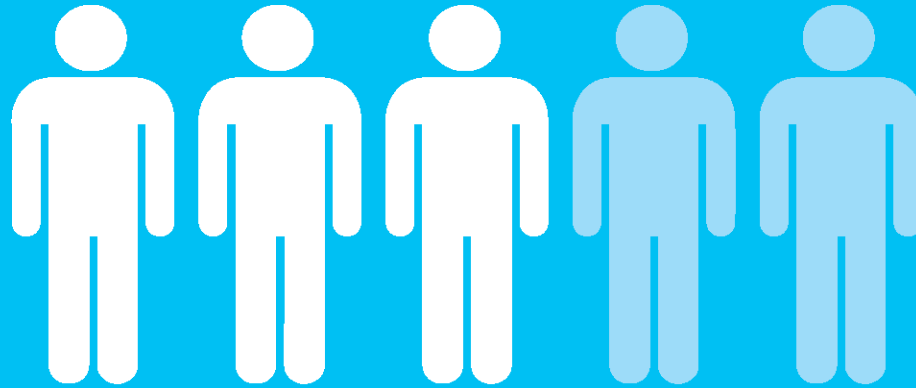
PROUD TO BE

STIGMA-FREE

In May 2018, Englewood Health was officially designated a stigma-free zone after demonstrating a dedicated effort to educate the community and offer resources to help combat discrimination and negative perceptions toward individuals with mental illness and substance use disorders.



60%



More than 60 per cent of people with mental health problems and mental illness won't seek the help they need; stigma is one of the main reasons.

IT'S OKAY TO
NOT BE OKAY



The Mental Health Continuum

SELF CARE & SOCIAL SUPPORT

PROFESSIONAL CARE

HEALTHY

Normal Functioning

Normal mood fluctuations.
Takes things in stride.
Consistent performance.
Normal sleep patterns.
Physically and socially active. Usual self-confidence. Comfortable with others.

REACTING

Common & Reversible Distress

Irritable/Impatient.
Nervousness, sadness, increased worrying.
Procrastination, forgetfulness. Trouble sleeping (more often in falling asleep) Lowered energy. Difficulty in relaxing. Intrusive thoughts.
Decreased social activity.

INJURED

Significant Functional Impairment

Anger, anxiety. Lingering sadness, tearfulness, hopelessness, worthlessness.
Preoccupation. Decreased performance in academics or at work. Significantly disturbed sleep (falling asleep and staying asleep).
Avoidance of social situations, withdrawal.

ILL

Clinical Disorder. Severe & Persistent Functional Impairment.

Significant difficulty with emotions, thinking High level of anxiety, Panic attacks. Depressed mood, feeling overwhelmed
Constant fatigue. Disturbed contact with reality
Significant disturbances in thinking Suicidal thoughts/intent/behaviour.

What Can You Do ?

- Mental health and substance use are increasingly common and we all need basic tools and skills to assess, support and protect people experiencing these disorders.
- Whatever the behavioral health crisis might be (self-harm, panic attacks, suicidal ideation, overdose), there is always a way to help.
- Remember that you are not a trained professional; if you feel out of your depth you may want to include other family members, your place of worship, community groups, or local crisis services for additional support.
- Make sure to stay with your loved one while they're at risk and do not hesitate to get them professional help if your instincts tell you.

Communication is Key

- Communicate that you are concerned for their well-being and they can lean on you for support.
- Use an empathetic, non-judgmental tone to encourage your loved one to talk about how they feel.
- Avoid minimizing their problems or giving advice as this may create distance and upset them further.
- Reassure them that whatever they're experiencing is not their fault.
- Do not be afraid to ask directly if they are thinking about suicide.
- Allow your loved one to stay in control; offer them choices on how you can help.
- Reassure them that it's okay to seek help, even if they think that they can cope without it.
- Sometimes you may need to unilaterally make a decision if you decide professional help is in their best interests and personal safety.

When to escalate the situation

- People may need a crisis intervention and/or go to the hospital if they:
 - ✓Threaten or try to take their lives or hurt themselves or others
 - ✓See or hear things (hallucinations)
 - ✓Believe things that aren't true (delusions)
 - ✓Experiencing withdrawals or overdose from alcohol or substances
 - ✓Have not eaten or slept for several days
 - ✓Are unable to care for themselves or their families e.g. getting out of bed, bathing, dressing, taking kids to school
 - ✓Need to make a significant switch in treatment or medication under the close supervision of a doctor
 - ✓Have any symptom of mania or depression that significantly interferes with life

The 'Five Signs' of Emotional Pain



Personality Change.

You may notice sudden or gradual changes in the way that someone typically behaves. He or she may behave in ways that don't seem to fit the person's values, or the person may just seem different.



Agitation

You may notice the person has more frequent problems controlling his or her temper and seems irritable or unable to calm down. People in more extreme situations of this kind may be unable to sleep or may explode in anger at a minor problem.



Withdrawal

Someone who used to be socially engaged may pull away from family and friends and stop taking part in activities he or she used to enjoy. In more severe cases the person may start failing to make it to work or school. Not to be confused with the behavior of someone who is more introverted, this sign is marked by a change in someone's typical sociability, as when someone pulls away from the social.



Poor Self-Care

You may notice a change in the person's level of personal care or an act of poor judgment on his or her part. For instance, someone may let his or her personal hygiene deteriorate, or the person may start abusing alcohol or illicit substances or engaging in other self-destructive behavior that may alienate.



Hopelessness

Have you noticed someone who used to be optimistic and now can't find anything to be hopeful about? That person may be suffering from extreme or prolonged grief, or feelings of worthlessness or guilt. People in this situation may say that the world would be better off without them suggesting suicidal.

Develop a Crisis Safety Plan

- Develop a crisis safety plan BEFORE a crisis happens
- It starts with a discussion between the person with a behavioral health condition and their loved ones /professional helper
- The plan should be written up and copies given to the person themselves and everyone close to them.
- A crisis safety plan is a document that contains important information and outlines how to manage a crisis situation, such as:
 - ✓ Phone numbers of mental health professions, family members and friends
 - ✓ A list of current prescription medications, doses and diagnosis
 - ✓ Any history of suicide attempts, psychosis, hospitalizations or drug use
 - ✓ Triggers and coping mechanism that have helped in the past

Resources at Englewood Health

- Englewood Health Website

<https://www.engagewoodhealth.org/service/behavioral-health-and-psychiatry>

- Emergency Department – walk-in 24/7

- Inpatient Psychiatry - short term stabilization unit

- ECT –Electro Convulsive Therapy (Outpatient & Inpatient)

- Shadek Center

- Outpatient Psychiatry
- Outpatient Therapy

'Mental Health First Aid' Training

- Mental Health First Aid teaches how to identify, understand and respond to signs of mental illnesses and substance use disorders.
- The 8-hour course introduces participants to risk factors and warning signs of mental health/addiction, builds understanding of their impact, practices effective communication skills, provides an overview of common treatments and educates participants on how to access the appropriate professional help.
- Englewood Health offers this training to community members at no cost (except for \$36 cost of your training manual) on a rolling basis throughout the year.
- To find out more details **please** contact:
- **Bloodless Medicine At Englewood Health**
201.894.3656



Useful Phone Numbers & Resources

- Call 911 or go to the Emergency Department if it is a life-threatening emergency.
- In a non-life-threatening emergency, Bergen County's Psychiatric Emergency Screening Program **(201-262-HELP/4357)** will connect you with a mobile response team that can meet you wherever you are. Open 24/7.
- National Suicide Prevention Lifeline (800-273-TALK/8255) has trained crisis counsellors to speak with 24/7.



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