

Center of Excellence for Behavioral Health

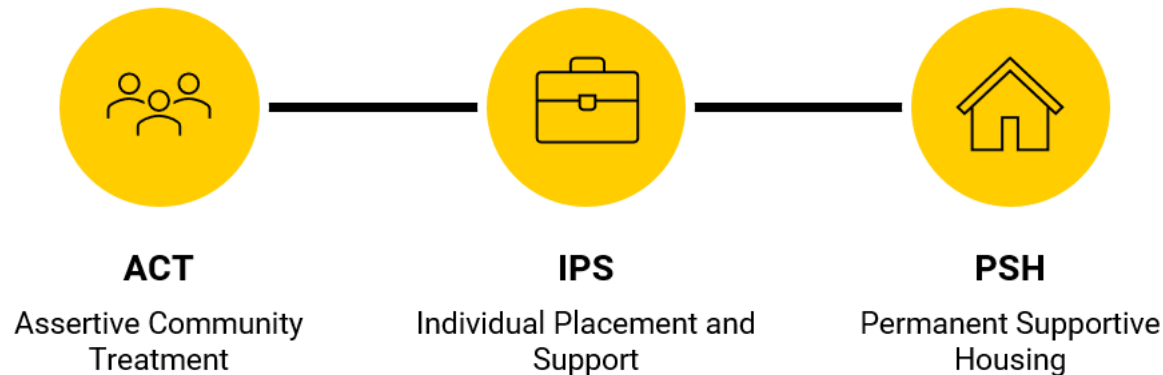
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# Unpacking What Is A “Serious Mental Illness”

February 21, 2024

# Iowa's Center of Excellence for Behavioral Health

Provide training, technical assistance, and fidelity monitoring for entities responsible for developing and implementing evidence-based practices for individuals with serious mental illness, serious emotional disturbance, and co-occurring conditions in Iowa.



# Disclaimer

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This training course is for educational purposes only and is NOT training for the purposes of assessment or diagnosis.

Assessment and diagnosis of individuals experiencing symptoms reviewed in today's training should be completed by a trained, licensed professional.

# Training Objectives

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Define “serious mental illness”.

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Compare common types of serious mental illness and how it can impact daily function.

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Know the signs and symptoms associated with different serious mental illnesses.

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# Why “Serious Mental Illness”

# Purpose for SMI

Federal Register / Vol. 58, No. 96

## Definition of Adults with a Serious Mental Illness

Pursuant of section 1912(c) of the Public Health Service Act, as amended by Public Law 102-321 “adults with a serious mental illness” are persons:

- Age 18 and over,
- Who currently or at any time during the past year,
  - Have a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-III-R,
  - That has resulted in functional impairment which substantially interferes with or limits one or more major life activities.

## Definition of Children with a Serious Emotional Disturbance

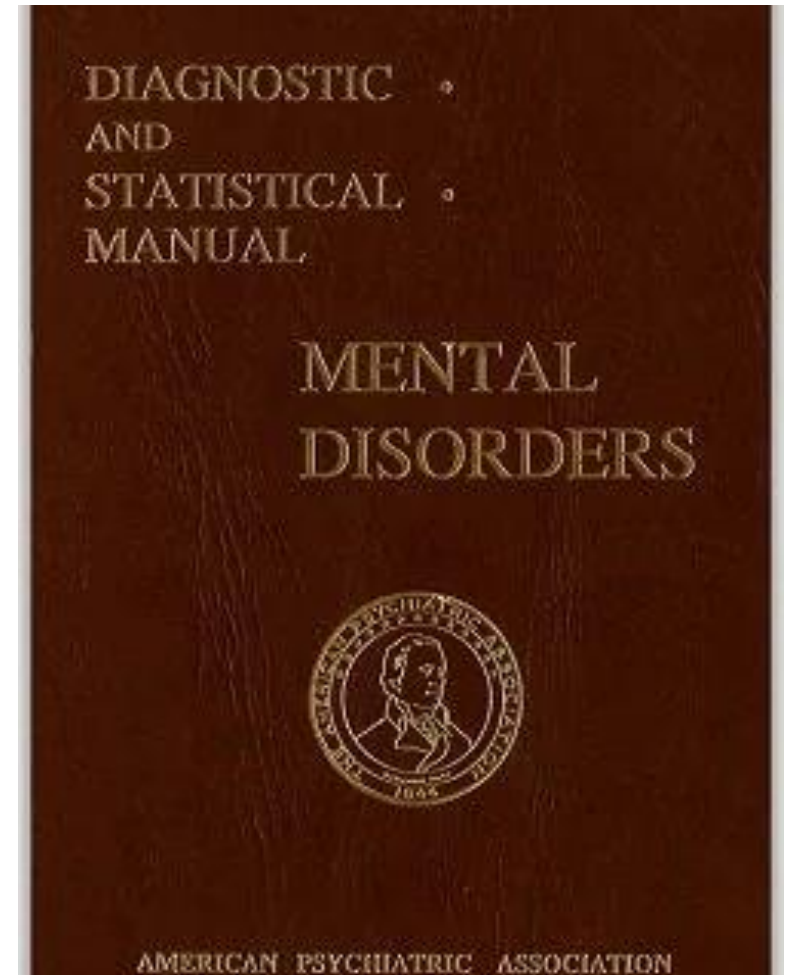
Pursuant to section 1912 (c) of the Public Health Service Act, as amended by Public Law 102-321 “children with a serious emotional disturbance” are persons:

- From birth up to age 18,
- Who currently or at any time during the past year,
  - Have a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-III-R
  - That resulted in functional impairment which substantially interferes with or limits the child’s role or functioning in family, school, or community activities.

# Evolution of the DSM

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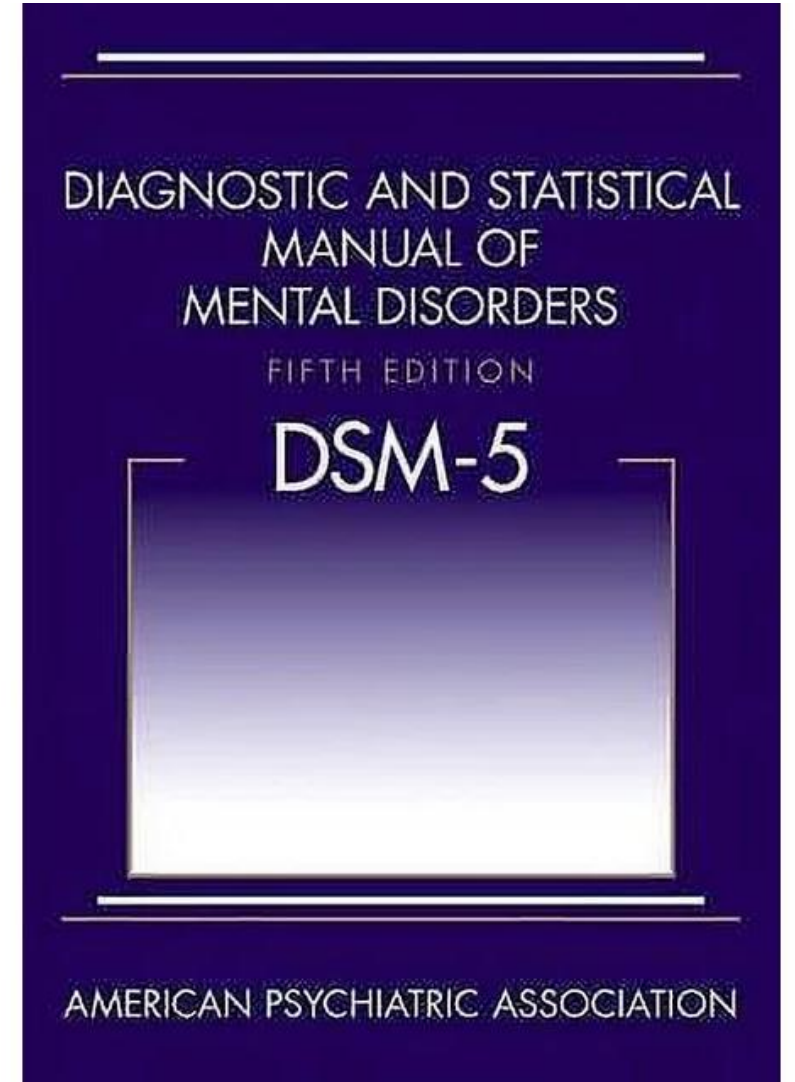
- 1844 – 1<sup>st</sup> edition
- 1968 – 2<sup>nd</sup> edition
- 1980 – 3<sup>rd</sup> edition
  - 1987 – 3<sup>rd</sup> edition – revised
- 1994 – 4<sup>th</sup> edition
  - 2000 – 4<sup>th</sup> edition – text revision
- 2013 – 5<sup>th</sup> edition
  - 2022 – 5<sup>th</sup> edition – text revision



# DSM-5

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Provides clear, highly detailed definitions of mental health and brain-related conditions





# Additional efforts at defining SMI

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“[severe mental illness] is defined through diagnosis, disability, and duration, and includes disorders with psychotic symptoms such as schizophrenia, schizoaffective disorder, manic depressive disorder, autism, as well as severe forms of other disorder such as major depression, panic disorder, and obsessive-compulsive disorder” ~ National Advisory Mental Health Council

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**SMI in Iowa**

# SMI Definition in Iowa

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- IAC 441–77.47(1)
  - “Serious mental illness” means, for an adult, a persistent or chronic mental health, behavioral, or emotional disorder that (1) is specified within the most current Diagnostic and Statistical Manual or Mental Disorders published by the American Psychiatric Association or its most recent International Classification of Diseases, and (2) causes serious functional impairment and substantially interferes with or limits one or more major life activities, including functioning in the family, school, employment or community. “Serious mental illness” may co-occur with substance use disorder, developmental disabilities, neurodevelopmental disabilities or intellectual disabilities, but those diagnoses may not be the clinical focus.

# SPMI Definition in Iowa

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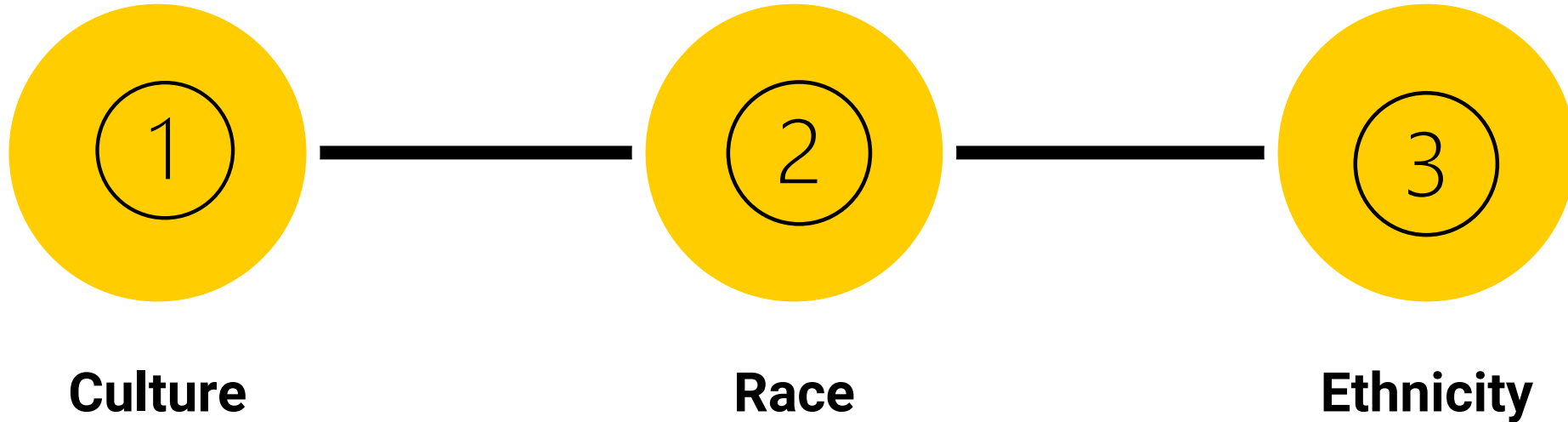
- IAC 441–25.1
  - “Severe and persistent mental illness” or “SPMI” means a documented primary mental health disorder diagnosed by a mental health professional that causes symptoms and impairments in basic mental and behavioral processes that produce distress and major functional disability in adult role functioning inclusive of social, personal, family, educational, or vocational roles. The individual has a degree of impairment arising from a psychiatric disorder such that:
    - (1) the individual does not have the resources or skills necessary to maintain function in the home or community environment without assistance or support;
    - (2) the individual’s judgement, impulse control, or cognitive perceptual abilities are compromised;
    - (3) the individual exhibits significant impairment in social, interpersonal, or familial functioning; and
    - (4) the individual has a documented mental health diagnosis
  - For this purpose, a “mental health diagnosis” means a disorder, dysfunction, or dysphoria diagnosed pursuant to the current version of the [most current] DSM, excluding neurodevelopmental disorders, substance use disorders, personality disorders, medication-induced movement disorders and other adverse effects of medication, and other conditions that may be a focus of clinical attention defined by the [most current] DSM.

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# Cultural Considerations

# Cultural Formulation

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# Gender Differences

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## Sex Differences

Variations attributable to an individual's reproductive organs and XX or XY chromosomal complement

## Gender Differences

Variations that result from biological sex as well as an individual's self-representation that includes the psychological, behavioral, and social consequences of one's perceived gender

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# Stigma and Myths



# Living with SMI

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[https://smiadvise.org/knowledge\\_post\\_fp/living-with-serious-mental-illness-video](https://smiadvise.org/knowledge_post_fp/living-with-serious-mental-illness-video)

# Beyond the Diagnosis

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- Decreasing “diagnostic overshadowing”
- Ask discovery questions
- Person-centered, recovery focused language

# When It Comes To Serious Mental Illness...

## Words Matter

### Words are influential—they can heal, and they can harm.

People often identify with roles and words that help them find meaning. Compassionate, stigma-free, person-first words play a role in helping each individual on their road to improved health and functioning from serious mental illness (SMI). So when you choose person-first language, you support their pursuit of healing, progress, and goals.

#### Language Examples

Want to know how to speak about SMI in a way that avoids stigma? Let us help you out with some suggested terms and phrases to get you started.

You can use "mental illness" and "mental health condition" interchangeably. Many people who have mental health concerns may not have a formal diagnosis or a fully developed illness. They may feel more comfortable with the use of general terms.

⊗ Brain disorder	✔ Mental illness
⊗ Brain disease	✔ Mental health condition

Use person-first language. Put the person first, not the illness. You wouldn't say someone "is cancer." So we should not identify a person by the mental illness they have either.

⊗ She is bipolar	✔ She lives with bipolar disorder
⊗ Schizophrenic person	✔ She experiences schizophrenia

The way we think about mental illness and the terms we use have thankfully advanced over the years. These outdated words can be offensive, hurtful, and belittle a person who is living with an illness that they did not ask for.

⊗ Mentally ill	✔ A person with mental illness
⊗ Mental patient	✔ A person living with a mental health condition
⊗ Lunatic	✔ People with mental health conditions
⊗ Disturbed	

Studies show that people may avoid seeking life-saving treatment because they fear being labelled with these terms. None of us want people who struggle with mental illness to feel isolated or "different." We want to use words that instill hope and are inclusive.

⊗ Crazy	✔ Person with lived experience
⊗ Insane	✔ Person in recovery
⊗ Psycho	✔ Survivor
⊗ Nuts	

For many people, wellness is an ongoing journey. Do not demean or victimize those individuals who work every day for a better tomorrow.

My son:	My son:
⊗ suffers from...	✔ is being treated for...
⊗ is afflicted with...	✔ has a history of...
⊗ is a victim of...	✔ struggles with...

Using the verb "committed" to describe a suicide death suggests that the person did something criminal, immoral, or shameful. Suicide is tragic enough without creating needless blame.

⊗ He committed suicide	✔ He died by suicide
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Do not use diagnostic or mental health terms to explain everyday preferences or behaviors. When we use these terms in a casual way, it weakens the seriousness of mental illness in others' eyes.

⊗ Don't touch her stuff. It makes her manic.	✔ She prefers that we leave her stuff alone.
⊗ You're acting so depressed right now.	✔ You seem sad right now.
⊗ The weather has been really bipolar.	✔ The weather has been unpredictable.

#### You Can Make A Difference

A person is more than any health-related condition they may have. That includes serious mental illness. No person should be defined by SMI. When you choose your words, the key concept to keep in mind is to recognize and refer to individuals who have SMI – first and foremost – as people. This demonstrates respect for each person's basic humanity.

**It only takes one person to make a difference.  
Be that person.**

<https://smiadviser.org/wp-content/uploads/2019/11/When-It-Comes-to-SMI-Words-Matter.pdf>

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# Diagnostic Criteria

# Diagnostic Criteria

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## Severity Specifiers

- Mild
- Moderate
- Severe
- Extreme, Profound

## Course Specifiers

- With psychotic features
- With catatonia
- In partial remission
- In full remission

## Descriptive Features

- With good to fair insight,
- In a controlled environment

# Schizophrenia Spectrum and Other Psychotic Disorders

Schizotypal (Personality) Disorder

Schizophrenia

Delusional Disorder

Schizoaffective Disorder

Brief Psychotic Disorder

Substance/Medication-Induced Psychotic Disorder

Schizophreniform Disorder

Psychotic Disorder Due to Another Medical Condition

## Schizophrenia

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- Includes episodes of psychosis
- Psychotic features typically emerge late teens/mid-30s
- Rates of comorbidity with substance-related disorders are high
- Occupational and social functioning are impacted (diagnostic criteria)
- Common symptoms:
  - Poorer insight
  - Cognitive deficits
  - Minimal mood symptoms
  - Presence of anxiety or phobias

## Schizoaffective Disorder

- Includes episodes of psychosis and mania or depression.
- Specifiers: bipolar type and depressive type
- Rates of comorbidity with substance-related disorders and anxiety are common
- Occupational and social functioning frequently impacted (not diagnostic criteria)
- Common symptoms:
  - Poor insight
  - Cognitive deficits
  - Recurrent mood symptoms

# Bipolar and Related Disorders

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**Bipolar I Disorder**

**Bipolar and Related Disorder Due to Another Medical Condition**

**Bipolar II Disorder**

**Other Specified Bipolar and Related Disorder**

**Cyclothymic Disorder**

**Unspecified Bipolar and Related Disorder**

**Substance/Medication-Induced Bipolar and Related Disorder**



# Bipolar I Disorder

# Bipolar II Disorder

# Cyclothymic Disorder

Manic = increased energy/activity; 1+ week  
Hypomanic = increased energy/activity; 4+ days  
Depressive = decreased energy/activity; 2-week+ period

- Manic episode and a hypomanic or major depressive episode
- Specifiers: mild, moderate, severe
- Common symptoms:
  - Rapid shifts in mood
  - Periods of euphoria
  - Reckless behavior
  - Depressed mood

- Hypomanic and depressive episodes
- Never had a manic episode
- Common symptoms:
  - Co-occurrence of symptoms
  - Impulsivity
  - Increased number of episodes
  - Inter-episode dysfunction

- Hypomanic and depressive symptoms, not episodes
- Never had a manic, hypomanic, or major depressive episode
- Clinically significant distress or impairment to functioning

# Depressive Disorders

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**Disruptive Mood Dysregulation Disorder**

**Substance/Medication-Induced Depressive Disorder**

**Major Depressive Disorder, Single and Recurrent Episodes**

**Depressive Disorder Due to Another Medical Condition**

**Persistent Depressive Disorder (Dysthymia)**

**Other Specified Depressive Disorder**

**Premenstrual Dysphoric Disorder**

**Unspecified Depressive Disorder**

## Major Depressive Disorder

- At least one symptom is depressed mood or loss of interest/pleasure
- Clinically significant distress or impairment in social, occupational, or other areas of functioning
- Never been a manic or hypomanic episode
- Specifiers:
  - Mild
  - Moderate
  - Severe
  - With psychotic features
  - In partial remission
  - In full remission
  - Unspecified

## Persistent Depressive Disorder

- Depressed mood for most of the day, for more days than not, for at least 2 years (1 year for children/adolescents)
- Symptoms often not reported when onset is early due to “I’ve always been this way”
- Symptom free periods last no longer than 2 months
- Specifiers:
  - Mild
  - Moderate
  - Severe

# Anxiety Disorders

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Specific Phobia

Agoraphobia

**Panic Disorder**

Panic Attack (Specifier)

Anxiety Disorder Due to Another Medical Condition

Selective Mutism

**Social Anxiety Disorder**

**Generalized Anxiety Disorder**

Other Specified Anxiety Disorder

Unspecified Anxiety Disorder

Substance/Medication-Induced Anxiety Disorder

**Separation Anxiety Disorder**

## Generalized Anxiety Disorder

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- Excessive anxiety and worry about multiple events or activities
- Intensity, duration, frequency is unproportional
- Occur more days than not for at least 6 months

## Social Anxiety Disorder

- Intense fear or anxiety of social situations
- Degree of fear/ anxiety varies across occasions
- Typically, 6+ months in adults
- May be overly shy, withdrawn, speak quietly, avoid eye contact

## Separation Anxiety Disorder

- Excessive fear or anxiety being separated from home or attachment figures, or anticipate separation
- Typically, 6+ months in adults
- Experience being homesick, repeated “checking in”

## Panic Disorder

- Recurrent, unexpected panic attacks
- Frequency and severity vary
- Often anticipate a catastrophic outcome from a mild symptom

# Obsessive-Compulsive and Related Disorders

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**Obsessive-Compulsive Disorder**

**Hoarding Disorder**

**Body Dysmorphic Disorder**

**Substance/Medication-Induced  
Obsessive-Compulsive and Related  
Disorder**

**Other Specified Obsessive-  
Compulsive and Related Disorder**

**Excoriation (Skin-Picking)  
Disorder**

**Trichotillomania (Hair-Pulling  
Disorder)**

**Obsessive-Compulsive and Related  
Disorder Due to Another Medical  
Condition**

**Unspecified Obsessive-  
Compulsive and Related Disorder**

# Trauma- and Stressor-Related Disorders

**Reactive Attachment Disorder**

**Acute Stress Disorder**

**Disinhibited Social Engagement Disorder**

**Adjustment Disorders**

**Posttraumatic Stress Disorder**

**Unspecified Trauma- and Stressor-Related Disorder**

**Prolonged Grief Disorder**

**Other Specified Trauma- and Stressor-Related Disorder**

## OCD

- Presence of obsessions, compulsions, or both
- Time-consuming (1+ hour per day) or cause significant distress
- Specifiers:
  - With good or fair insight
  - With poor insight
  - Tic related

## PTSD

- Development of symptoms after one or more traumatic event
- May experience difficulties regulating emotions, maintaining relationships, prolonged grief
- High impairment in social, occupational, and physical functioning



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# Case Vignettes

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# Diagnostic Criteria Cont.

The following are not typically associated with meeting the definition of “serious mental illness”

# Neurodevelopmental Disorders

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**Intellectual Disabilities**

**Attention Deficit/Hyperactivity Disorder**

**Communication Disorders**

**Specific Learning Disorder**

**Autism Spectrum Disorder**

**Motor Disorders**

**Other Neurodevelopmental Disorders**

# Substance-Related and Addictive Disorders

**Substance Use Disorder**

**Tobacco-Related Disorders**

**Alcohol-Related Disorders**

**Cannabis-Related Disorders**

**Caffeine-Related Disorders**

**Opioid-Related Disorders**

**Other (or Unknown) Substance-Related Disorders**

**Hallucinogen-Related Disorders**

**Stimulant-Related Disorders**

**Sedative-, Hypnotic-, or Anxiolytic-Related Disorders**

**Inhalant-Related Disorders**

**Non-Substance-Related Disorders**

*Gambling Disorder*

# Personality Disorders

## General Personality Disorder

### Cluster A

- Paranoid PD
- Schizoid PD
- Schizotypal PD

### Cluster B

- Antisocial PD
- Borderline PD
- Histrionic PD
- Narcissistic PD

### Cluster C

- Avoidant PD
- Dependent PD
- Obsessive-Compulsive PD

### Other

- Personality Change Due to Another Medical Condition
- Other Specified Personality Disorder
- Unspecified Personality Disorder

# Dissociative Disorders

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**Dissociative Identity Disorder**

**Depersonalization/Derealization Disorder**

**Dissociative Amnesia**

**Unspecified Dissociative Disorder**

**Other Specified Dissociative Disorder**

# Somatic Symptom and Related Disorders

**Somatic Symptom Disorder**

**Factitious Disorder**

**Illness Anxiety Disorder**

**Other Specified Somatic Symptom  
and Related Disorder**

**Psychological Factors Affecting  
Other Medical Conditions**

**Unspecified Somatic Symptom  
and Related Disorder**

**Functional Neurological Syndrome (previously known as Conversion  
Disorder)**

# Feeding and Eating Disorders

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**Pica**

**Bulimia Nervosa**

**Rumination Disorder**

**Binge-eating Disorder**

**Avoidant/Restrictive Food Intake Disorder**

**Other Specified Feeding or Eating Disorder**

**Anorexia Nervosa**

**Unspecified Feeding or Eating Disorder**



# Elimination Disorders

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**Enuresis**

**Encopresis**

**Other Specified Elimination Disorder**

**Unspecified Elimination Disorder**

# Sleep-Wake Disorders

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**Insomnia Disorder**

**Hypersomnolence Disorder**

**Narcolepsy**

**Breathing-Related Sleep Disorders**

**Parasomnias**

# Sexual Dysfunctions

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**Delayed Ejaculation**

**Premature (Early) Ejaculation**

**Female Sexual Interest/Arousal Disorder**

**Male Hypoactive Sexual Desire Disorder**

**Other Specified Sexual Dysfunction**

**Erectile Disorder**

**Female Orgasmic Disorder**

**Genito-Pelvic Pain/Penetration Disorder**

**Substance/Medication-Induced Sexual Dysfunction**

**Unspecified Sexual Dysfunction**

# Gender Dysphoria

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**Gender Dysphoria**

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**Other Specified Gender Dysphoria**

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**Unspecified Gender Dysphoria**

# **Disruptive, Impulse-Control, and Conduct Disorders**

**Oppositional Defiant Disorder**

**Pyromania**

**Intermittent Explosive Disorder**

**Kleptomania**

**Conduct Disorder**

**Antisocial Personality Disorder**

**Other Specified Disruptive, Impulse-Control, and Conduct Disorder**

**Unspecified Disruptive, Impulse-Control, and Conduct Disorder**

# Neurocognitive Disorders

**Delirium**

**Other Specified Delirium**

**Unspecified Delirium**

**M/m Frontotemporal  
Neurocognitive Disorder**

**M/m Vascular Neurocognitive Disorder**

**Major or Mild Cognitive Disorder Due to:**

Traumatic Brain Injury  
Substance/Medication-Induced  
HIV Infection  
Prion Disease

**Major Neurocognitive Disorder**

**Minor Neurocognitive Disorder**

**Unspecified Neurocognitive Disorder**

**M/m Neurocognitive Disorder with  
Lewy Bodies**

Alzheimer's Disease  
Parkinson's Disease  
Huntington's Disease  
Another Medical Condition  
Multiple Etiologies

# Paraphilic Disorders

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**Voyeuristic Disorder**

**Exhibitionistic Disorder**

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**Transvestic Disorder**

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**Frotteuristic Disorder**

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**Other Specified Paraphilic Disorder**

**Sexual Sadism Disorder**

**Sexual Masochism Disorder**

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**Pedophilic Disorder**

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**Fetishistic Disorder**

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**Unspecified Paraphilic Disorder**

# Other Mental Disorders

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**Other Specified Mental Disorder  
Due to Another Medical Condition**

**Unspecified Mental Disorder Due  
to Another Medical Condition**

**Other Specified Mental Disorder**

**Unspecified Mental Disorder**



# Take Care of Yourself

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Taking care of yourself is not selfish

“Self-care” is beyond candles and bubble baths

- Connect with others (professionally, socially, virtually).
- Practice acceptance, mindfulness.
- Your health matters too.

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Center of Excellence for Behavioral Health

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# Thank You

→ [iowacebh.org](http://iowacebh.org)

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