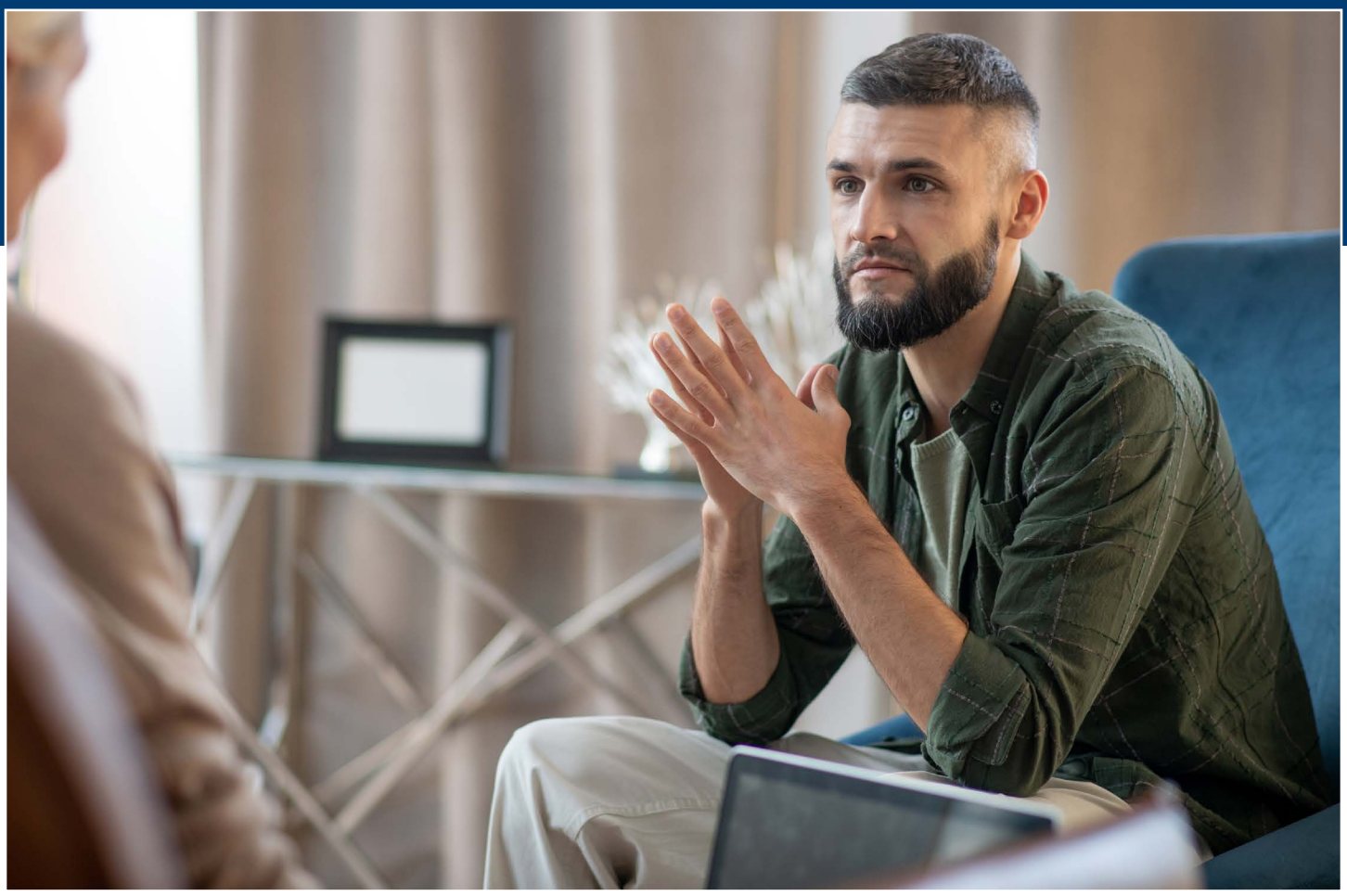
CAREGIVER VOICE HEARING EXPERIENCE

Caregiver Guide: A Mental Health Symptom Training



south central mirecc
Mental Illness Research, Education and Clinical Center

ChooseVA

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MENTAL HEALTH: MYTH OR FACT

1. **Mental health problems don't affect me.**

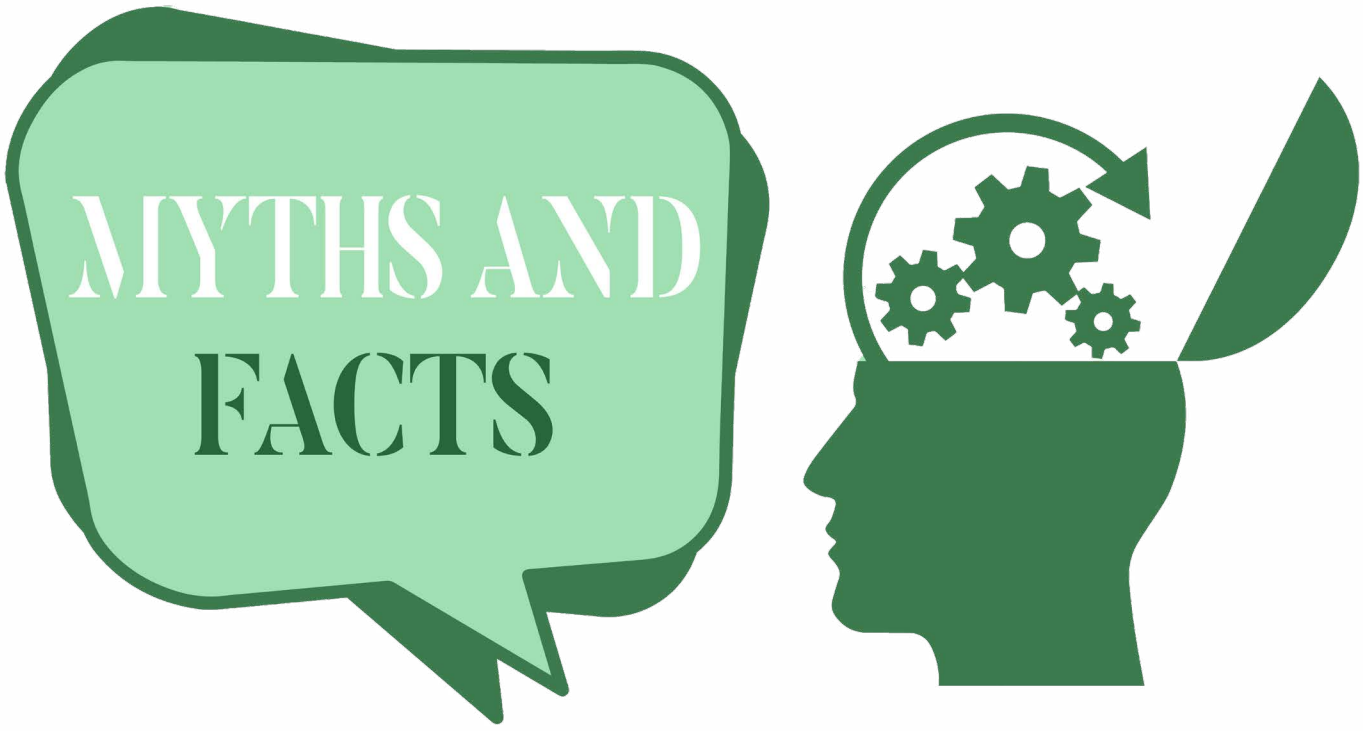
2. **People with mental illnesses are violent and unpredictable.**

3. **I can't do anything for people with mental health needs.**

4. **Once people develop severe mental illnesses, they will never recover.**

5. **People with mental illness can tolerate the stress of holding down a job.**

6. **People with schizophrenia can experience hallucinations.**



MYTH AND FACT ANSWER KEY

1. MYTH: Mental Health conditions don't affect me

The mental health facts are:

- In 2022, there were an estimated 59.3 million adults aged 18 or older in the United States with Any Mental Illness. This number represented 23.1% of all U.S. adults.
- The observed prevalence of Any Mental Illness was higher among females (26.4%) than males (19.7%).
- Young adults aged 18-25 years had the highest prevalence of Any Mental Illness (36.2%) compared to adults aged 26-49 years (29.4%) and aged 50 and older (13.9%).
- The prevalence of Any Mental Illness was highest among the adults reporting two or more races (35.2%), followed by white adults (24.6%). The prevalence of Any Mental Illness was lowest among Asian adults (16.8%).

Serious Mental Illness (SMI) facts:

- In 2022, there were an estimated 15.4 million adults aged 18 or older in the United States with SMI. This number represented 6.0% of all U.S. adults.
- The observed prevalence of SMI was higher among females (7.1%) than males (4.8%).
- Young adults aged 18-25 years had the highest prevalence of SMI (11.6%) compared to adults aged 26-49 years (7.6%) and aged 50 and older (3.0%).
- The prevalence of SMI was highest among adults reporting two or more races (11.8%), followed by American Indian/Alaskan Native (AI/AN) adults (7.3%). The prevalence of SMI was lowest among Native Hawaiian/Other Pacific Islander (NH/OPI) adults (3.5%).

2. MYTH: People with mental illnesses are violent and unpredictable

The facts are: Only 5% of violent crimes in the United States are committed by people with serious mental illness. It's known that people with mental illness are at just as great a risk, if not greater, of being a victim of a crime.

MYTH AND FACT ANSWER KEY

3. MYTH: I can't do anything for people with mental health needs

The facts are there are many things you can do, including:

- Talk with a health care professional
- Learn more about mental illness
- Take a mental health education class
- Call the NAMI HelpLine at (800) 950-NAMI (6264)
- Reach out and let the person know you are available to help.
- Help the individual access mental health services.
- Address misinformation by learning and sharing the facts about mental health.
- Treat those who have mental health conditions with respect.
- Refuse to define a person by a diagnosis or using labels such as "crazy."

Many people with SMI benefit from treatment. However, about only half of those with mental health conditions receive treatment.

- 47.2% of U.S. adults with mental illness received treatment in 2021
- 65.4% of U.S. adults with serious mental illness received treatment in 2021
- 50.6% of U.S. youth aged 6-17 with a mental health disorder received treatment in 2016
- The average delay between onset of mental illness symptoms and treatment is 11 years

4. MYTH: Once people develop serious mental illnesses, they will never recover.

The facts are: Studies of people after a first episode of psychosis have found that, based on a standard definition of recovery, 32% of people are in clinical recovery, including 50% of those with bipolar disorder and 23% of those with schizophrenia spectrum disorders. The study authors also found that, "as most of our participants were in psychotic symptom remission, psychosis appears well managed for most."

5. MYTH: People with mental illness cannot tolerate the stress of holding down a job.

The facts are: People with mental health problems are as productive as other employees. Employers who hire people with mental health problems report good attendance and timeliness. They are just as motivated, produce good work, and stay on the job as long or longer than other employees. When employees with mental health problems receive effective treatment, it can result in lower total medical costs, increased productivity, lower absenteeism, and decreased disability costs.

6. MYTH: ??

The facts are: People with schizophrenia can experience hallucinations. Hallucinations are experiences of something that is not there, e.g. hearing a sound even though there was none. They are vivid, clear, and perceived as real. They may occur in any of the five senses, but "hearing voices" is the most common in severe mental illnesses.

WHAT ILLNESSES INCLUDE PSYCHOSIS?

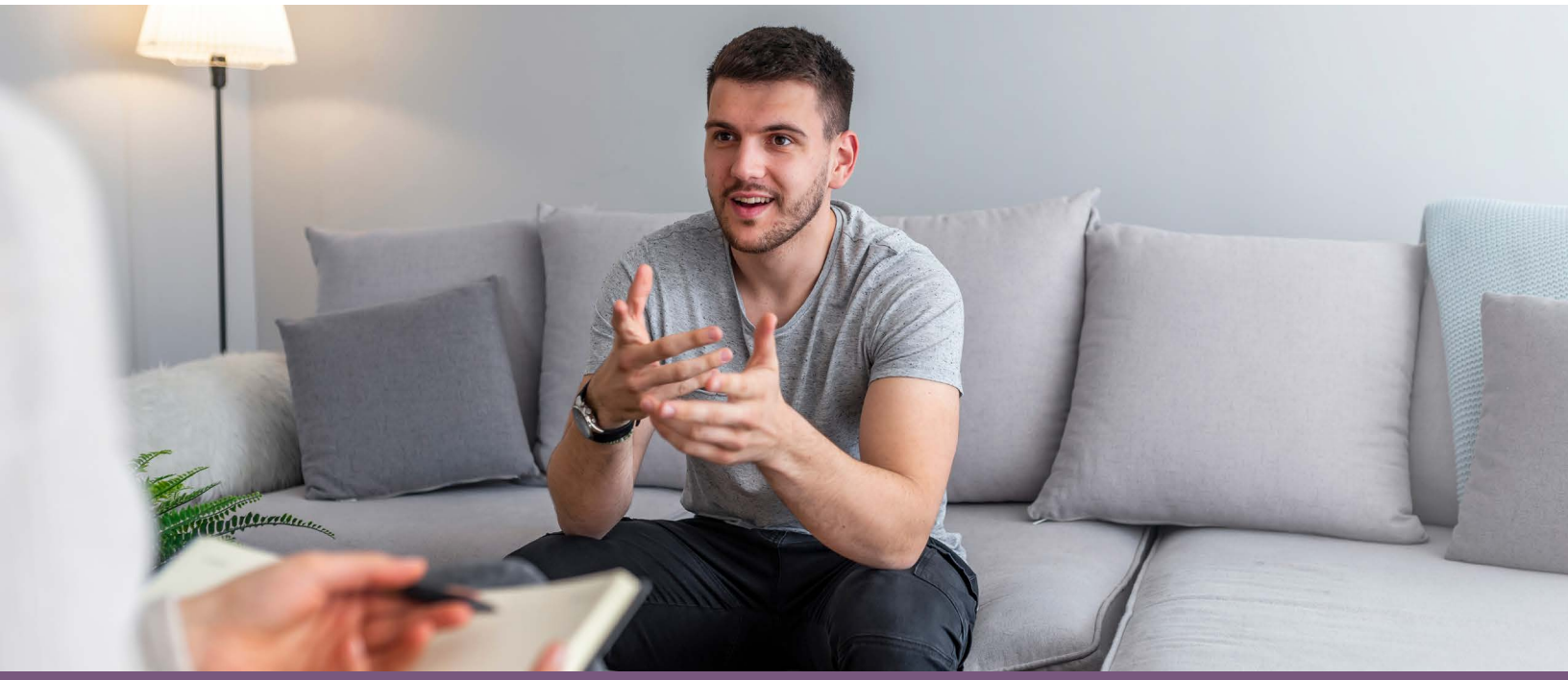
1. _____

2. _____

3. _____

4. _____

There are other diagnoses that can include psychosis. These include, but are not limited to: Delusional Disorder, Brief Psychotic Disorder, Substance-Induced Psychotic Disorder, and Psychosis due to medical condition.



SYMPTOMS

Schizophrenia

Schizoaffective Disorder

Major Depression

Bipolar Disorder

PSYCHOSIS

Circle the words that are features of psychosis.

Poor Hygiene	Poor Concentration
Irritability	Slurred Speech
Delusions	Uncooperative Behavior
Combative Behavior	Talkativeness
Disorganized Behavior	Disorganized Thoughts
Social Withdrawal	Argumentativeness
Outgoing Behavior	Hallucinations

PSYCHOSIS

DELUSIONS

HALLUCINATIONS

DISORGANIZED THOUGHTS

DISORGANIZED BEHAVIOR

DELUSION

A fixed, false belief, i.e., a belief that is not rooted in reality and cannot change
Constant feeling of being watched or followed
Religiously themed delusions ("I am Christ")
Grandiose delusions (Ex: believing someone has powers that other people don't have)

HALLUCINATION

An experience of perceiving a stimulus even when one is not present.
Auditory hallucinations: Hearing something that isn't there
Visual hallucinations: Seeing something that isn't there
Tactile hallucinations: Physical sensations, as if someone or something is touching someone

DISORGANIZED THOUGHTS

Thoughts that are difficult to follow or understand
Thoughts that may not make sense
Thoughts that may jump from one topic to another
Use of made-up words (neologisms)

DISORGANIZED BEHAVIOR

Failure to attend to personal hygiene
Behavior that may be inappropriate to the situation, e.g., laughing
Poor social skills

HEARING VOICES EXPERIENCE

What do you imagine it is like to hear voices? Try this!

FUN THINGS TO DO

A	E	S	T	L	D	P	I	G	I	R	B	O	E
C	N	D	Y	S	R	O	O	O	L	S	D	G	E
T	T	R	R	E	I	G	P	L	R	R	I	T	X
A	E	O	L	I	V	K	N	O	O	Y	L	A	E
F	R	W	L	B	I	S	G	I	K	E	I	L	R
E	T	S	A	B	N	D	N	S	D	E	I	K	C
G	A	S	B	O	G	R	I	G	A	I	R	N	I
E	I	O	T	H	D	A	Y	O	I	P	R	I	S
A	N	R	O	R	T	C	A	L	T	N	E	G	E
T	I	C	O	D	R	I	L	F	O	I	T	T	E
I	N	D	F	L	P	I	P	G	Y	O	T	K	S
N	G	W	A	L	K	I	N	G	S	O	T	O	I
G	P	O	X	L	K	R	A	P	L	W	T	T	T
N	K	G	N	I	H	C	T	A	W	D	R	I	B

BIRDWATCHING
CROSSWORDS
PARK
DRIVING
HOBBIES
PETS
RIDING
POLO
TOYS
PLAYING
ENTERTAINING
TALKING
EXERCISE
EATING
FOOTBALL
GOLF
WALKING
POKER
CARDS

DISCUSSION

HOLISTIC
RESPONSIBILITY
PERSON CENTER
STRENGTH-BASED
NON-LINEAR
RESPECT
PEER SUPPORT
EMPOWERMENT
SELF-DIRECTION
HOPE
FOCUS ON RECOVERY

ELEMENTS OF RECOVERY

HOLISTIC OUTLOOK

Pay attention to a person's basic needs.

Share sources of support with the individual and his/her family.

Reach out to colleagues in the community to extend care plans.

PERSON CENTERED APPROACH

Recognize that the illness is only one facet of a person.

Learn about each person as a unique individual.

Learn what a person identifies as being most important for recovery.

NON-LINEAR APPROACH

Reframe a hospitalization as a part of the recovery process, not a failure.

Respect each person's current circumstances.

Develop a partnership with the individual, his/her family, and friends.

Share ideas for next steps.

ELEMENTS OF RECOVERY

RESPONSIBILITY

Support individuals' journey toward greater independence.
Provide models of coping skills and wellness plans.
Assist in locating community resources.

STRENGTH-BASED APPROACH

Ask about personal preferences, interests, and skills.
Include the individual's strengths and talents in the care plan.
Search for community connections to match with the individual's interests.

HOPE

Maintain a positive approach.
Focus on the person's abilities, not disabilities.
Create service options and support.
Believe in the goals of recovery.

ELEMENTS OF RECOVERY

SELF-DIRECTION

Actively protect each person's rights.

Listen carefully to the individual's concerns.

Assist individuals with communicating his/her needs and hopes.

Provide information to assist in decision making

EMPOWERMENT

Share information.

Answer questions clearly.

Provide choices and suggestions.

PEER SUPPORT

Encourage individuals to share their experiences.

Search for social support in the community.

Organize group sessions.

Provide NAMI information.

RESPECT

Use a pleasant, caring voice.

Provide personalized care to each individual and family.

Listen to ideas on how to improve our services.

Set aside labels and assumptions.

NOTES

NOTES

RESOURCES

National Institute of Mental Health (NIMH)
6001 Executive Blvd., Room 8184, MSC 9663
Bethesda, MD 20892-9663
nimh.nih.gov
(301) 443-4513

National Alliance for the Mentally Ill (NAMI)
Colonial Place Three, 2107 Wilson Blvd., Ste. 300
Arlington, VA 22201-3042
nami.org
(800) 950-6264

U.S. Department of Health and Human Services
200 Independence Ave, SW, Washington, D.C. 20201
Mentalhealth.gov

Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Rishers Lane, Rockville, MD 20857
samhsa.gov
(877) 726-4727

Mental Health America (MHA)
500 Montgomery St., Suite 820, Alexandria, VA 22314
mhanational.org
(703) 684-7722

Wellness Recovery Action Plan (WRAP)
mentalhealthrecovery.com

U.S. Department of Veterans Affairs Recovery Services (VA)
6001 Executive Blvd., Room 8184, MSC 9663
Bethesda, MD 20892-9663
va.gov/recovery
(301) 443-4513

The Hearing Voices Experience
youtu.be/MMjjSYlSyBU

RECOVERY IS POSSIBLE!