Life & Lived Experiences of Adults with Chronic Mental Illness

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Disclosure Statements

- I do not have any relevant financial relationships with any commercial interests.
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Educational Objectives

- Discuss the effects of stigmatizing adults with chronic mental illnesses
- State the importance of using person-centered language
- Identify ways to improve care for this vulnerable population

Current Literature Around Treatment of Mental Illness

- Prevalence rates of mental illnesses: Schizophrenia=0.3-0.7%, schizoaffective disorders=0.3%, bipolar disorder=0.6%, PTSD=3.5%, MDD=7%, & SUD=0.1-8%.
- According to the Schlitz, et al., (2010) study , our worldviews help us to make changes in our lives based on our past and present life experiences, which may alter future experiences.
- adults diagnosed with psychotic disorders or disorders with psychotic features (i.e., bipolar I disorder, with psychotic features or major depressive disorder, with psychotic features), are more susceptible to neglect from their families (Larsson, et al., 2012).

American Psychiatric Association, (2013) Schlitz, et al., (2010) Schwartz & Blankenship, (2014) Sedláková and Řiháček (2019)

Current Literature continued…

- Interpersonal trauma vs. non-intrapersonal trauma The adverse childhood experiences study and how this questionnaire provides further insight to the impact of worldview.
- The Shin, et al., (2017) study focused specifically on childhood maltreatment, household dysfunction, and community violence.
- Physical neglect is defined as a caregiver or parent not providing the basic needs to a child such as; food, water, or shelter. Emotional neglect consists of but not limited to consistently disregarding, ignoring, invalidating, or unappreciating an individual's affectional needs.

Booth & Stinson, (2015) Cohen et al., (2010) Shin et al., (2017)

Rationale for the Study

- Clinicians may be able to provide an opportunity to normalize skepticism, fear, and resistance towards treatment by understanding how one perceives treatment based on their mental illness and traumatic histories.
- Obtain an understanding of treatment from the patient rather than the provider.
- How clinicians may be able to connect with their patients in a more significant way, to provide more optimal care.
- **Objectives**: Possible treatment adaptations may be made and may assist the fields of psychiatry and psychology more effectively treat chronic mental illness and trauma.

Study Design

- Philosophical worldview: Phenomenological
- Study design: qualitative study using an interview with open-ended questions.
- Participants: 6-10 adults 18-years of age or older
- Setting: Psychiatric outpatient center
- Protection of human subjects: Protective measures will be taken to maintain confidentiality of the participants and to prevent distress triggered by the study.
- Validity, Reliability, reflexivity: A speech-to-text software will be used to obtain direct quotes from participants and will be transcribed to provide themes and subthemes. In addition, field notes and behavioral observations will be included to provide validity and reliability for the study.
- Data transcription: ATLAS.ti software will be used to transcribe the data to create themes and subthemes for the study.

Creswell, (1999) Grossoehme, (2014) Leung, (2015)

Demographic & Interview Questions

- How do you identify your race?
- What is your age?
- How do you identify your gender?
- What is your marital status?
- What is your religious/spiritual affiliation?
- What diagnosis have you been given by a mental health provider (i.e., psychiatrist, psychologist, etc.)?
- Tell me a little bit about what your childhood was like growing up.
- What event(s) of your childhood do you recall having a big impact on your life? These can be good or challenging/hard experiences.
- What mental health services have you received throughout your life?
- What has been your experience in receiving mental health services in the community?
- What do you feel has worked and/or not worked for you in your treatment in the community?

Participant Demographics

Participants	Gender	Age	Race	Marital Status	Religion/Spiritual Practice	Diagnosis
P1	Non-binary	22	White or Caucasian	Single	Pagan or Non-religious	F31.0 Bipolar I Disorder
P2	Female	52	Hispanic & Caucasian	Single	Christian	F31.0 Bipolar I Disorder
P3	Male	44	White or Caucasian	Single	Christian	F20.9 Schizophrenia
P4	Male	22	White or Caucasian	Single	Christian	F20.8 Schizophreniform Disorder
P5	Female	39	White or Caucasian	Single	Christian	F31.0 Bipolar I Disorder
P6	Female	35	African-American & White	Married	Christian	F31.0 Bipolar I Disorder
P7	Female	45	White or Caucasian	Married	Christian	F31.0 Bipolar I Disorder

Validity and Reliability

- Validity, Reliability, Reflexivity:
- Peer debriefing and peer coding were used to provide validity and interrater reliability for the coding schema.
- Cohen's weighted Kappa: $K=.956$, $p<.001$ – High interrater reliability.
- How did participant answers reside within myself as an aspiring psychologist?

Study Results

- Themes and subthemes created from the coding schema:
- Fear, Confusion, Isolation, Identity, Psychoeducation, Collaboration, & Trust
- Significant quotes:
- "When people called me schizophrenic or a druggy when I was younger I hated it, it made me so angry because that's all I felt like." – P3
- "Honestly, what has worked is treating me like a human and providing a respectable sense of care…people only see me when I am mentally ill and not when I am mentally well." – P7
- "…The lack of education around my diagnoses has been very frustrating and it makes it difficult to feel like you can trust the provider if they won't be honest with you about the symptoms." – P5

Significant Understandings

- Dehumanizing a patient
- More collaboration with a patient's family
- More informed psychoeducation
  - Future implications:
  - Clinical & Research
  - Policy & Procedures

Ahmed, et al., 2015 Alizioti. & Lyrakos, 2019 Section 5.4 of the APA writing manual, 7th Ed.

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