

Table 10.2 More about Major Psychiatric Diagnoses and Their Treatment (continued)

DSM-IV Diagnosis	Etiology	Prevalence	Evidence-Based Psychosocial Interventions	Evidence-Based Pharmacological Interventions
Schizophrenia	Genetic factors seem to be prominent, as well as adverse environmental influences during early brain development ¹⁰	Affects about 1% of the population.	Psychoeducational Multifamily Groups ¹⁰ Intensive case management Assertive Community Treatment (ACT) ¹¹ Social skills training ¹² Vocational/employment interventions ¹³	Antipsychotic medications: e.g., clozapine, chlorpromazine, haloperidol, risperidone

¹⁰U.S. Surgeon General. (1999). *Mental health: A report of the surgeon general*. Washington, DC: Department of Health and Human Services.

¹¹Barlow, D. H., & Cerny, J. A. (1988). *Psychological treatment of panic*. New York: Guilford Press.

¹²Steketee, G. S., Foa, E. B., & Grayson, J. B. (1982). Recent advances in the treatment of obsessive-compulsives. *Archives of General Psychiatry*, 39, 1365–1371.

¹³Beck, A. T., Rush, A. J., Shaw, B. K., & Emery, G. (1979). *Cognitive therapy of depression*. New York: Guilford Press.

¹⁴Weissman, M. M., Leaf, P. J., Holzer, C. E., Myers, J. K., & Tischler, G. L. (1984). The epidemiology of depression: An update on sex differences in rates. *Journal of Affective Disorders*, 7, 179–188.

¹⁵Ingram, R. E., Miranda, J., & Segal, Z. V. (1998). *Cognitive vulnerability to depression*. New York: Guilford Press.

¹⁶Blum, N., & Pfohl, B. (1998). *Advances in mental health*. Washington, DC: NASW Press.

¹⁷Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York: Guilford Press.

¹⁸Andreasen, N. C. (1984). *The Scale for the Assessment of Negative Symptoms (SANS)*. Iowa City, Iowa: The University of Iowa.

¹⁹McFarlane, W. R., Lukers, E., Link, B., Dushay, R., Deakins, S. A., Newmark, M., et al. (1995). Multiple family group and psychoeducation in the treatment of schizophrenia. *Archives of General Psychiatry*, 52, 679–687.

²⁰Stein, L. I., & Santos, A. B. (1998). *Assertive community treatment of persons with severe mental illness*. New York: W. W. Norton & Co.

²¹Hogarty, G. E., Kornblith, S. J., Greenwald, D., DiBarry, A. L., Cooley, S., Flesher, S., et al. (1995). Personal therapy: A disorder-relevant psychotherapy for schizophrenia. *Schizophrenia Bulletin*, 21(3), 379–393.

²²Drake, R. E., Mercer-McFadden, C., Mueser, K. T., McHugo, G. J., & Bond, G. R. (1998). Review of integrated mental health and substance abuse treatment for patients with dual disorders. *Schizophrenia Bulletin*, 24(4), 589–608.

Source: Elizabeth A. Segal, PhD

Social Work Roles

settings. As a result of deinstitutionalization, inpatient psychiatric hospitals hire fewer social workers than in previous decades, but additional jobs have been created in outpatient mental health, psychiatric rehabilitation, and private clinical practice settings. As services to people with serious mental illnesses have moved into the community, social workers have expanded their roles, and opportunities will probably continue to increase during the twenty-first century (NASW, 2011).



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Treatment LOS

Case management developed in the mental health field as a response to deinstitutionalization. It was designed to ensure that consumers were connected with the services they need and received continuity of care. Social workers who are case managers view consumers in the context of their environment and monitor consumers' needs and support their personal goals as they change over time. Strengths-based case management focuses on the desires and capacities of consumers rather than on their psychopathology or deficits (Rapp & Goscha, 2006).

In addition to case management, social workers serve as advocates for people with mental illnesses. They advocate for clients and their families within the mental health system to ensure proper treatment. They also work as advocates in the policy arena, developing and promoting legislation that will help people with mental illnesses receive equitable treatment.

As noted earlier, a primary approach in mental health treatment for those with a serious mental illness is the recovery model. The recovery model is quite different from the medical model, where all the power and decisions lie with the practitioner. The central premise of recovery is that consumers have primary control of their treatment. It challenges the long-held belief that mental illness must be debilitating and chronic, usually getting worse over time. Instead, practitioners stress that people can recover from mental illness and