**Serving Those with Mental Illness**

“Just because they may be behaving in ways that don't make sense to us, doesn't mean that we can't provide them with service that is part of our jobs to provide any customer.”

Examples of signs and symptoms of Mental Illness include:

•Feeling sad or down

•Confused thinking or reduced ability to concentrate

•Excessive fears or worries, or extreme feelings of guilt

•Extreme mood changes of highs and lows

•Withdrawal from friends and activities

•Significant tiredness, low energy or problems sleeping

•Detachment from reality (delusions), paranoia or hallucinations

•Inability to cope with daily problems or stress

•Trouble understanding and relating to situations and to people

•Alcohol or drug abuse

•Excessive anger, hostility or violence

•Suicidal thinking

Mental illnesses are caused by a variety of genetic and environmental factors: Inherited traits, environmental exposures before birth, and brain chemistry. **About 1 in 5 adults has a mental illness in any given year. Common illnesses include depression, anxiety, social anxiety, phobias, schizophrenia, eating disorders, Obsessive-Compulsive Disorder and PTSD (Post Traumatic Stress Disorder).**

Remember that not just the homeless and the poor suffer from mental illness. Mental illness has no racial, economic or intellectual boundaries.

Mental illness alone does not increase the risk of violence, but when mental illness is combined with other risk factors such as substance abuse, it does increase the risk of violence.

Mental health disorders that affect communication skills can be split into two main categories: childhood onset and adult onset. Childhood onset includes:

• Mental retardation including mild, moderate, severe, profound and severity unspecified.

• Learning disorders including reading, mathematics, disorder of written expression and learning disorders with not otherwise specified (NOS).

• Motor Skills Disorder including developmental coordination disorder.

• Communication disorders including expressive language disorder, mixed receptive-expressive language disorder, phonological disorder, stuttering, and communication disorder NOS.

• Pervasive developmental disorders including autistic disorders, Rett’s disorder, childhood disintegrative disorder, Asperger’s disorder, and pervasive developmental disorder NOS,

• Attention-deficit and disruptive behavior disorders including ADHD, conduct disorder, oppositional defiant disorder, and disruptive behavior disorder NOS.

• Adult onset can include dementia, Alzheimer’s type with early onset, Alzheimer’s with late onset, vascular dementia, dementia due to Pick’s disease, Dementia due to Creutzfeldt-Jakob disease, substance-induced persisting dementia, dementia due to multiple etiologies, and dementia with not otherwise specified.

Some people with **paranoia** may be frightened, so be aware that they may need more body space than you.

**Schizophrenia** is a type of psychosis that is generally characterized by hallucinations, disordered thinking and delusions. Most schizophrenics and others who are mentally ill are no more likely to be dangerous than the general population but because of their bizarre and unpredictable behavior they often frighten people.

If they are experiencing events like hallucinations, be aware that the hallucinations or the delusions they experience are their reality. Communicate that you understand that they experience those events. Do not pretend that you experience them.

Someone with **OCD** may not want to touch certain things or may tap or count things as you try to talk with them.

Mental Illness sufferers may think longer about questions you ask. They might respond slowly or speak slowly.

**Anxious or Depressed** individuals may be emotion or teary as you talk with them. Be kind. Offer a tissue and be patient.

Be respectful to the person. When someone feels respected and heard, they are more likely to return respect and consider what you have to say.

You can enhance effective communication by using open body language—arms uncrossed, standing with an open stance or sitting on the edge of your seat, and maintaining eye contact with the person you’re talking to.

Anyone who is passed unnecessarily from one person to another can become angry or violent. Refer them to someone else only if it is an appropriate referral. If you see a co-worker trying to pay specific attention to someone, help out so they can focus on the needs of that customer.

Listen to the person and try to understand what he/she is communicating. Don’t turn off your communicating skills and you will be able to understand. Find out what reality based needs you can meet.

If needed, set limits with the person as you would others. For example, "I only have five minutes to talk to you" or "If you scream, I will not be able to talk to you."

Call for help (police, security, or colleagues) if you feel physically threatened or need help de-escalating the person.

You can’t communicate effectively when you’re multitasking. Stay focused on the moment-to-moment experience.

In order to communicate effectively with someone, you don’t have to like them or agree with their ideas, values, or opinions. Set aside your judgment and withhold blame and criticism in order to fully understand a person. The most difficult communication, when successfully executed, can lead to the most unlikely and profound connection with someone.

<http://www.mayoclinic.org/diseases-conditions/mental-illness/basics/risk-factors/con-20033813>

<https://www.psychologytoday.com/blog/threat-management/201010/communicating-people-mental-illness-the-publics-guide>

<http://www.webmd.com/mental-health/mental-health-types-illness>