CareCertify LLC

Behavioral Health Series

BHS-002

Understanding Mental Health Diagnoses

Participant Guide

Group: Group 1: Foundations | Credit Hours: 1.5

For Home Health Aides, CNAs, PCAs, DSPs & Direct Care Staff

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Learning Objectives

Upon completing this course, you will be able to:

- Explain how mental health diagnoses are classified using the DSM-5
- Describe key symptoms of mood disorders and their home care implications
- Identify features of anxiety disorders and appropriate caregiver responses
- Explain hallmark symptoms of psychotic disorders and how to respond effectively
- Describe personality disorders and trauma-related diagnoses in home care contexts
- Apply person-first, non-stigmatizing language in all client interactions

Section 1: How Mental Health Diagnoses Work

Mental health diagnoses are clinical classifications that help professionals communicate about symptom patterns, guide treatment, and ensure people access appropriate services. The primary system used in the United States is the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), published by the American Psychiatric Association.

A diagnosis is given when a person's symptoms meet specific criteria — a certain number of symptoms, present for a minimum duration, causing significant distress or impairment. Importantly, a diagnosis describes a pattern of experience — it is not a complete description of who a person is.

KEY CONCEPT: Diagnosis ≠ Destiny

A mental health diagnosis describes symptoms — it does not predict behavior, capability, or future. People live full, meaningful lives with every diagnosis in this course. Your role is to support the person, not the label.

As a home care worker, you will work with clients who have already been diagnosed. Understanding what those diagnoses mean helps you provide better care, communicate effectively with supervisors, and respond appropriately in challenging moments.

Section 2: Mood Disorders: Depression and Bipolar Disorder

Mood disorders affect approximately 21% of U.S. adults at some point in their lifetime — among the most common conditions you will encounter in home care.

Major Depressive Disorder (MDD)

Depression is characterized by persistent depressed mood or loss of interest in activities (anhedonia), lasting at least two weeks. Additional symptoms include changes in appetite or

weight, sleep disturbances, fatigue, difficulty concentrating, feelings of worthlessness, and in severe cases, thoughts of death or suicide.

In home care, a client with depression may resist personal care, stop eating, become socially isolated, or seem hopeless. Depression is often missed in older adults because symptoms like fatigue and withdrawal can be mistaken for "normal aging" — it is not normal and it is treatable.

Bipolar Disorder

Bipolar disorder involves alternating episodes of depression and mania (or hypomania in Bipolar II). Manic episodes feature elevated or irritable mood, decreased sleep need, increased energy, rapid speech, and sometimes risky behavior. A client who was recently withdrawn may suddenly seem highly energetic, talkative, and making grand plans.

⚠ WATCH FOR: Sudden "Improvement"

In a deeply depressed client, a sudden shift to seeming much better can signal suicidal planning — a person who has made a decision may feel relief that looks like improvement. Always report sudden mood changes, even positive-seeming ones, to your supervisor immediately.

SCENARIO

Mr. Davis, who usually moves slowly and sleeps a lot, greets you at 6 AM with his bags packed, saying he's traveling cross-country alone. He hasn't slept in two days.

Response: Respond calmly, don't argue. "That sounds exciting — tell me more about your plans." Contact your supervisor immediately — this could be a manic episode requiring clinical intervention. Do not facilitate the travel plan.

Section 3: Anxiety Disorders

Anxiety disorders are the most common mental health conditions in the U.S., affecting about 18% of adults. Anxiety becomes a disorder when it is excessive, chronic, or significantly interferes with daily functioning.

Generalized Anxiety Disorder (GAD)

GAD involves excessive, hard-to-control worry about multiple areas of life — health, finances, family, the future — for at least six months. Physical symptoms include muscle tension, fatigue, restlessness, and sleep problems. Clients with GAD may ask repeated reassurance questions or express frequent worry about minor symptoms.

Panic Disorder and OCD

Panic disorder involves recurrent, unexpected panic attacks — sudden surges of intense fear with racing heart, shortness of breath, dizziness, and chest pain. These can be mistaken for

heart attacks. If a client has a panic attack, stay calm, speak slowly and reassuringly, encourage slow breathing, and contact your supervisor. OCD involves intrusive thoughts (obsessions) and repetitive behaviors that temporarily relieve anxiety (compulsions). Disrupting important OCD rituals suddenly can significantly escalate anxiety.

✓ DO	✗ DON'T
Stay calm and speak slowly during a panic attack	Say "just relax" or minimize anxiety
Respect rituals important to clients with OCD	Abruptly interrupt important rituals without warning
Acknowledge anxiety as real and valid	Express frustration with repetitive behaviors
Give advance notice before changing routines	Force a client to face fears without clinical guidance
Report new or worsening anxiety to supervisor	Dismiss physical anxiety symptoms as "in their head"

Section 4: Psychotic Disorders

Psychotic disorders involve disturbances in perception and thinking representing a break from reality. They are less common but among the most stigmatized conditions in mental health.

Schizophrenia

Schizophrenia involves positive symptoms — hallucinations (sensory experiences without stimuli, most commonly hearing voices), delusions (fixed false beliefs), and disorganized thinking — and negative symptoms — flat affect, reduced motivation, and social withdrawal. With appropriate treatment, many people with schizophrenia live stable lives in the community.

RESPONDING TO HALLUCINATIONS & DELUSIONS

Do NOT argue or try to convince a client their experiences are not real — this escalates distress. Instead, acknowledge feelings without affirming or denying content: "That sounds really frightening. I can see you're upset. I'm here with you." Then report to your supervisor.

SCENARIO

Your client says the neighbors are spying on her through the walls and poisoning her food. She refuses to eat anything you prepare.

Response: Do not argue. Acknowledge calmly: "I can hear that you're worried about your food. I want you to feel safe." Offer sealed, packaged foods she might trust. Document the interaction in detail and report immediately to your supervisor.

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Section 5: Personality Disorders and PTSD

Personality Disorders

Personality disorders involve enduring patterns of thinking, feeling, and behaving that cause significant distress or impairment. In home care, you may encounter Borderline Personality Disorder (BPD) — characterized by emotional intensity, relationship instability, identity disturbance, and fear of abandonment. Clients with BPD may react strongly to changes in caregiver or schedule.

Key principle: Consistency, predictability, and clear communication are especially important. Frequent changes destabilize clients with personality disorders. Give advance notice of any schedule or personnel changes.

Post-Traumatic Stress Disorder (PTSD)

PTSD develops after trauma exposure. Core symptoms: re-experiencing through flashbacks and nightmares, avoidance of trauma reminders, persistent negative thoughts/feelings, and hyperarousal — being on constant guard, easily startled.

In home care, ordinary care tasks can trigger intense trauma responses. Physical contact, specific sounds, smells, or positions may unexpectedly evoke traumatic memories. If a client becomes suddenly distressed during care, pause, speak calmly, offer control, and report to your supervisor.

PERSON-FIRST LANGUAGE
Always: "a person living with BPD" not "a borderline." "A person diagnosed with schizophrenia" not "a schizophrenic." The diagnosis is one part of a person's experience — it is not their identity.

Section 6: Principles for Working Across All Diagnoses

Regardless of a client's specific diagnosis, these principles apply across all behavioral health care:

- Maintain consistency in schedule, approach, and communication style
- Prioritize the therapeutic relationship — trust is foundational to care
- Follow the care plan and communicate concerns to your supervisor
- Use calm, clear, non-judgmental communication
- Do not challenge fixed beliefs or argue about client experiences
- Recognize that behavior is often communication — ask: "What need is this person trying to meet?"
- Document specifically: what you observed, heard, and how the client responded
- Know your agency's emergency protocols for psychiatric crises

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SCENARIO

A client you've worked with for two months suddenly accuses you of stealing and refuses to let you in.

Response: Stay calm. Do not argue or force entry. Say gently: "I hear that you're upset. I want to make sure you're safe." If she continues to refuse, leave calmly and immediately contact your supervisor. Document the time, what was said, and your actions. This may be a symptom requiring clinical follow-up.

Quick Reference Summary

Term	Definition
DSM-5	Diagnostic and Statistical Manual — primary classification system for mental health diagnoses
MDD	Major Depressive Disorder — persistent depressed mood/anhedonia for 2+ weeks
Bipolar Disorder	Alternating episodes of depression and mania/hypomania
Mania	Elevated mood, decreased sleep, increased energy, impulsivity
GAD	Generalized Anxiety Disorder — excessive worry across life areas for 6+ months
Panic Attack	Sudden intense fear with physical symptoms — not medically dangerous but very distressing
Hallucination	Sensory experience (usually hearing voices) without external stimulus
Delusion	Fixed false belief not responsive to evidence — do not argue
PTSD	Post-Traumatic Stress Disorder — re-experiencing, avoidance, hyperarousal following trauma
BPD	Borderline Personality Disorder — emotional intensity, relationship instability, requires consistency

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