

CareCertify LLC

Behavioral & Mental Health Training Series

BH-03

Understanding Mental Illness & Co-occurring Disorders

Participant Guide

Behavioral & Mental Health Training Series · Audience: ARMHS · CTSS · Behavioral Aides · MH Practitioners · Case Managers · CE Hours: 1.0

Understand to Support — Not to Diagnose

You're not a diagnostician, but you do need to understand the conditions your clients live with. Recognizing symptoms helps you respond with compassion, support the treatment plan, and report the right things to the clinical team. Understanding replaces fear and judgment with effective help.

This guide surveys the major categories of mental illness, substance use, and co-occurring disorders. The goal is working knowledge, not clinical expertise — enough to support clients well and know when to involve the professional.

Learning Objectives — by the end of this module you will be able to:

- Identify the major categories of mental illness
- Recognize common symptoms and their impact on functioning
- Describe substance use and co-occurring disorders
- Explain the role of medication and your part in supporting it
- Know when and what to report to the clinical team

Section 1: Major Categories of Mental Illness

Mental illnesses are grouped into broad categories: mood disorders (depression, bipolar), anxiety disorders, trauma- and stressor-related disorders, psychotic disorders, and personality disorders. Within each category, every person's experience is unique. Your job is to recognize patterns and support the person — not to assign a diagnosis.

Section 2: Mood and Anxiety Disorders

Mood disorders include major depression (persistent low mood, loss of interest, hopelessness, sleep and appetite changes) and bipolar disorder (cycling between depression and elevated/manic states). Anxiety disorders involve excessive worry, panic, restlessness, and avoidance. Both are common and treatable, and both can significantly affect a person's daily functioning.

Section 3: Trauma- and Stressor-Related Disorders

Trauma- and stressor-related disorders, including PTSD, can produce flashbacks, hypervigilance, avoidance, emotional numbing, and strong reactions to reminders of the trauma. Many clients in behavioral health have trauma histories, and behavior that seems puzzling is often a trauma response. The next lesson covers trauma-informed care in depth.

Section 4: Psychotic Disorders

Psychotic disorders, such as schizophrenia, involve a break from shared reality — hallucinations (perceiving things that aren't there) and delusions (fixed false beliefs). Arguing about whether these are real rarely helps and can damage trust. Stay calm, acknowledge the person's feelings, keep everyone safe, and report changes to the clinical team.

Section 5: Personality Disorders

Personality disorders are enduring patterns of thinking, feeling, and relating that differ markedly from expectations and cause distress or impairment. They can make relationships and treatment challenging. Consistency, clear and kind boundaries, and patience help, and it's important not to take difficult interactions personally.

Section 6: Substance Use Disorders

Substance use disorder is a treatable medical condition characterized by compulsive use despite harm — not a moral failing or a simple lack of willpower. Approach it with the same compassion as any health condition. Be aware of signs of intoxication, withdrawal, and overdose risk, and report concerns to the clinical team. The 245G/SUD course covers this in depth.

Section 7: Co-occurring Disorders

Co-occurring disorders (also called dual disorders) are when a person has both a mental illness and a substance use disorder. This is common, and the two interact — each can worsen the other and complicate recovery. Effective care is integrated, addressing both together. Support the whole person rather than treating one problem in isolation.

Section 8: Medications and Your Role

Medication is often part of mental health treatment. Your role is to support adherence as set in the plan, encourage the client, and report side effects, missed doses, and concerns to the team — not to prescribe or adjust medication or give clinical advice beyond your scope. Watch for and report changes in symptoms and functioning that may relate to medication.

You support; the team treats

Recognizing symptoms and reporting them is your job. Diagnosing, prescribing, and treating belong to the clinical professionals.

Key Terms

Term	What it means
------	---------------

Mood disorder	A condition affecting mood, such as depression or bipolar disorder.
Anxiety disorder	A condition of excessive worry, panic, or avoidance.
Psychosis	A break from shared reality — hallucinations or delusions.
Personality disorder	An enduring pattern of relating and coping that causes distress.
Substance use disorder	A treatable medical condition of compulsive use despite harm.
Co-occurring disorders	A mental illness and a substance use disorder together.
Hallucination / delusion	Perceiving things that aren't there / a fixed false belief.

Check Your Understanding

1. Name three major categories of mental illness.
2. How should you respond to a client's hallucinations or delusions?
3. Why is substance use disorder considered a medical condition?
4. What are co-occurring disorders?
5. What is your role regarding medications?

What's Next

Looking ahead

Next, BH-04: Trauma-Informed Care covers how trauma affects clients and how to provide care that doesn't re-traumatize.