



Recognizing and Responding to Mental Health Concerns in the Home

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Objectives

- Participants will be able to identify signs and symptoms of mental health concerns in the home.
- Participants will be able to identify interventions to address mental health concerns when in the home.

Where do we start...

What is Mental Health?

Mental health is a state of mental wellbeing that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. (WHO, nd)

It is NOT the absence of stress!!!



What is Mental Illness?

Mental illnesses are health conditions involving changes in emotion, thinking or behavior (or a combination of these).

Mental illnesses can be associated with distress and/or problems functioning in social, work or family activities.

(APA)

What's a Mental Illness?

A mental health condition that has a negative effect on the way an individual...



thinks



feels

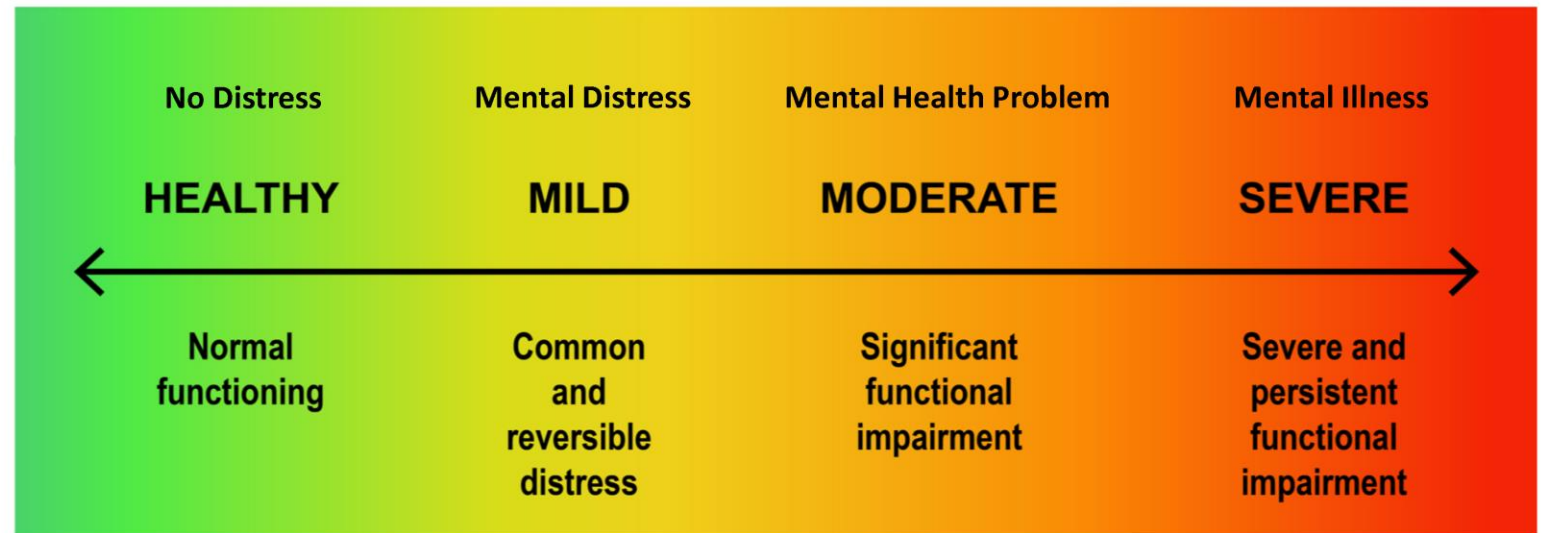


and behaves



It is a
continuum ...

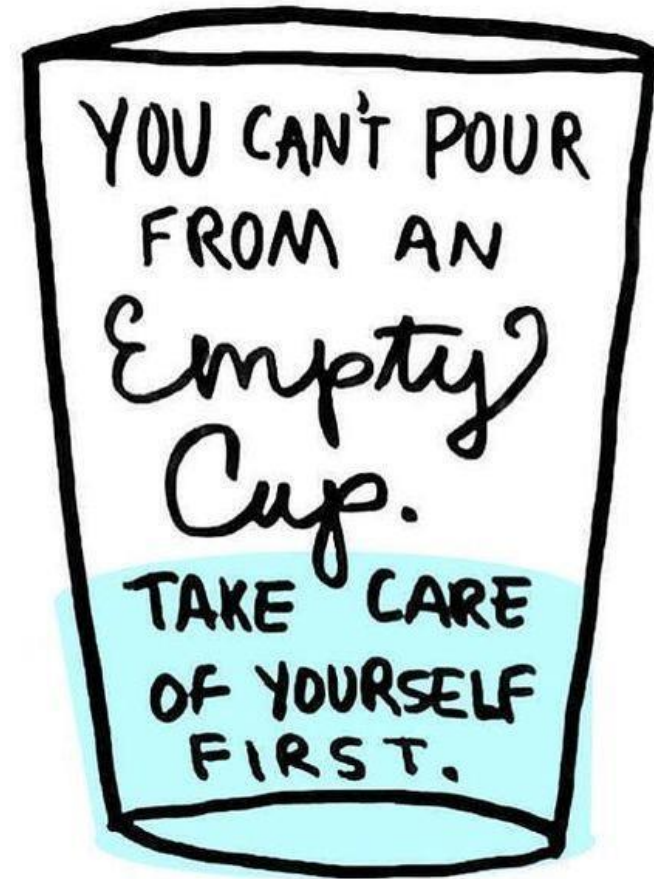
Mental Health Continuum



As we start this exploration of meeting the mental health needs of our families, it is important to consider where we are on the continuum...

Seek out the support that you need.

Parallel Process suggests that we can't give what we don't have.



How Do We Assess Where
Our Families Are On the
Continuum?

Screening Tools

Your Observations

"I have found that when
my relationships work,
that everything
in my life works."

Alanis Morissette

Staying in our lane...

Your observations can be crucial to early identification which can lead to treatment.

Diagnosis is not essential to the home visiting portion of the process.





Common Mental Health Disorders

- Obsessive Compulsive Disorder
 - Intrusive thoughts
 - Thoughts and/or actions that are taken to decrease the anxiety
 - They often realize it is not rational
- Hoarding Disorder
 - Collection of items, often of limited or no financial value
 - There is often a history of trauma



Common Mental Health Disorders

- Body Dysmorphic Disorder
 - Preoccupation with one or more perceived defects or flaws in their appearance — a flaw that appears minor or can't be seen by others.
- Trichotillomania/skin picking disorder
 - Frequent, repeated and irresistible urges to engage in a behavior to pull out hair or pick at skin.



Case Study

A referral is received for Angela and her 9 month old infant. As the home visitor enters the home and introduces themselves, they identify a persistent odor and there are piles of trash and dirty laundry everywhere. There are boxes of items stacked along the walls. Food is visible on the counters in the kitchen and there is visible animal feces on the floor. There isn't an obvious place where the home visitor can sit down. Angela states that this was their mom's house and she passed away 2 years ago.



Reflection

How many of you are pretty sure you have been
to this home?

What are your concerns?



Common Mental Health Disorders

- Bipolar I disorder-At least one manic (decrease need for sleep, high risk behaviors, pressured speech) episode that may come before or after hypomanic or major depressive episodes. In some cases, mania may include psychosis.
- Bipolar II disorder-At least one major depressive episode and at least one hypomanic (less need for sleep, increased goal oriented behavior) episode. No manic episode. Often misdiagnosed as depression.



Case Study

Sarah is talking with her home visitor about symptoms of depression she has been experiencing. She notes that she wish she had more energy like she did a month ago when she had a period when she was energetic, talkative and spent more time going out with friends.



Reflection

What additional information would you
want to know?



Common Mental Health Disorders

- Eating Disorders
 - Anorexia
 - Display of food focus activities
 - Limited intake of food
 - Fear of being “fat”
 - Bulimia
 - Large intake of food
 - Engagement in compensatory actions (exercise, vomiting, laxative, etc)



Common Mental Health Disorders

- Eating Disorders (cont)
 - Orthorexia
 - Obsessive focus on “clean” or nutritious foods
 - Avoidant/Restrictive Food Intake Disorder (ARFID)
 - Limited food intake. It isn't caused by a negative self-image or a desire to change body weight. Fear and anxiety about food or the consequences of eating, like choking, can lead to ARFID. Other individuals have limited food intake due to taste/texture issues.



Case Study

Sarah has been visiting Emily weekly since Lily was born. Emily initially presented as a highly attentive and loving mother, but over the past few weeks, Sarah noticed some concerning patterns:

- Emily appears increasingly thin, with visible collarbones and sunken eyes. She speaks often about “getting her pre-baby body back,” but her weight loss seems extreme and unhealthy.
- She often mentions how little time she has to eat or how she “doesn't feel hungry.” At visits during mealtimes, Sarah notices Emily avoiding food or making excuses (“I already ate” or “I'll eat after Lily's nap”).
- She appears fatigued, anxious, and has difficulty concentrating during conversations.



Reflection

Are you concerned?

Do you need to identify what kind of eating disorder she might have?



Common Mental Health Disorders

- Schizophrenia Disorder
 - Positive symptoms (hallucinations)
 - Negative symptoms (withdrawal)
- Schizoaffective Disorder
 - Symptoms of schizophrenia
 - Symptoms of a mood disorder
- Delusional Disorder
 - Fixed beliefs, not based in reality, that do not change, even when a person is presented with conflicting evidence.



Free pic



Case Study

Tammy is a mom of a 12 month old boy, Mateo. Last month, Tammy expressed to the home visitor that she was concerned that her food was poisoned so she is only eating prepackaged food. She use to attend parenting groups but has not attended in a month. At this home visit, when the home visitor asks her about it, she expressed fear of “being watched,” and has been avoiding daycare and medical appointments. A neighbor stops the home visitor as she is leaving the apartment and expresses that she is concerned that Maria is leaving Mateo unattended for long periods because she sees her leave and then hears Mateo crying.



Reflection

What concerns come up for you?



Common Mental Health Disorders

- Somatic Symptom Disorders
 - Extreme focus on physical symptoms — such as pain or fatigue — that causes major emotional distress and problems functioning.
 - Medical follow up does not identify underlying cause for the symptoms.
 - Often occur during a particularly stressful time.
- Illness Anxiety Disorder
 - Excessive worry that they are or may become seriously ill.
 - Focus on what appear to be minor symptoms.
 - Often a history of a seriously ill family member



Common Mental Health Disorders

- Fictitious Disorder & Fictitious Disorder Imposed Another
 - False claim or deliberate production of symptoms of illness or imposing symptoms on another.
 - Symptoms appear to serve the purpose of drawing attention
- Dissociative Disorder
 - Experiencing a loss of connection between thoughts, memories, feelings, surroundings, behavior and identity.
 - They appear to not be emotionally present



Case Study

Mary's significant other has been experiencing persistent and severe lower back pain for over two years. Despite numerous medical evaluations, imaging tests, and consultations, no organic cause for the pain has been identified. He continues to report that the pain is debilitating and prevents him from working, caring for their toddler or assisting with daily tasks at home. Mary is frustrated because she feels like everything falls on her shoulders.



Reflection

What thoughts or feelings do you think Mary might be experiencing?

What thoughts or feelings do you think Mary's significant other might be experiencing?



Personality Disorders

- Borderline Personality Disorder
 - A pattern of unstable, intense relationships, as well as impulsiveness and an unhealthy way of seeing themselves.
- Antisocial Personality Disorder
 - A pattern of consistently showing no regard for right and wrong and ignores the rights and feelings of others.
- Narcissistic Personality Disorder
 - A pattern of grandiosity, a lack of empathy for other people, and a need for admiration.



Case Study

Maria expresses love for her daughter but often feels inadequate as a mother. Under stress, she:

- Yells, withdraw emotionally or engage in self-harm.
- Feels consumed by guilt and fear that she is "damaging" her child.
- Relies on her daughter for emotional reassurance, sometimes reversing parent-child roles.
- She reports inconsistent co-parenting with her ex-partner and feels intense jealousy when her daughter expresses comfort with him.
- She is at times adversarial towards the home visitor and then at times reaches out to the home visitor after hours and on weekends for support.



Reflection

How do you think the relationships in
Maria's life are impacted?

What might the home visitor be thinking
and/or feeling?



Now What?

Starting a conversation...

- Prioritize safety: yours and the clients.
- If possible, try to ensure privacy. Be aware of little ears.
- Set boundaries...



Now What?

- Start from a standpoint of concern and curiosity.
 - “I care about you and I’ve noticed a change in _____ (mood, eating, exercising, etc.).”
 - “I’m here for you if you want to talk. There are also people who are trained to help you work through these feelings.”
 - “You are not alone”
 - “I am so glad you told me”
 - “What you are experiencing sounds scary”
 - “Are you having thoughts of suicide”
 - “Are you having thoughts about hurting others”

What if they decline to talk?

Some times we are
planting seeds.



Addressing Safety

In the state of Michigan, individuals can be hospitalized involuntarily for being a danger to themselves or others or an inability to attend to basic physical needs, creating significant danger





Addressing Safety

- Danger to Themselves
 - “Better off without me”
 - Specific Threats
- Danger to Others
 - Specific Threats
- Psychosis
 - Hallucinations
 - Delusions
 - Paranoia

Call
911



If not a current
risk to self or
others...

Develop a Safety Plan

1. Notice the Signs and Triggers
2. Identify Coping Strategies
3. Seek Out Distractions
4. Talk to Supportive Friends and Family
5. Contact Professionals Who Can Help
6. Cultivate a Safe Environment



Safety Net Ap



General Medication Information

- Antidepressants are often used to treat anxiety and pain
- Antipsychotics are often used to treat...lots of things
- Alcohol and other drugs should be avoided with mental health medications
- With the exception of ADHD stimulants, most mental health medications should not be stopped abruptly
- Clients should speak to their prescriber before adjusting doses
- Clients should make sure their prescriber is aware of herbal treatments they are using such as St Johns Wart
- Cannabis use can contributed to psychotic symptoms
- Most studies suggest that the best outcomes occur with therapy and medication used in combination

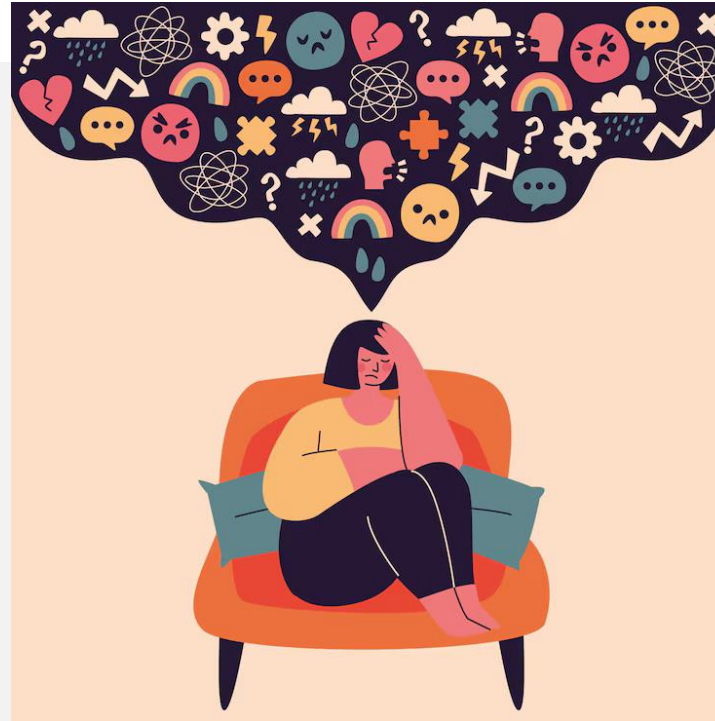


Infant and Early Childhood Mental Health Consultation

*Even with our best efforts, suicides
can occur...but we also may never
know how many lives we save.*



Takeaways



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What is one piece of information that you feel you can incorporate into your home visiting practice?



Infant and Early Childhood Mental Health Consultation

Questions?



Infant and Early Childhood Mental Health Consultation

Thank you!

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