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Mental Illness-Its Causes, Symptoms, Diagnosis, Treatment (Medical and Psychotherapy), Maintenance and Rehabilitation-A Treatment Program

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Abstract **Original Research Article**

Mental health is one area of medicine that is demonized, stigmatized, discriminated against, disrespected and poorly funded. It is time to treat mental health like all other branches of medicine. This review article addresses the problems of mental health care, how it should be done, and is needed to improve the care. The process of mental health care from intake to discharge at a clinic/hospital is explained. Arrangements that should be met with the patient before discharged from the clinic/hospital and programs are discussed. Pharmacotherapy, psychotherapy, and social skills training are explained in detail. Symptoms for most mental disorders are mentioned. Programs are presented that can be used for the rehabilitation of the mentally ill. It is emphasized that social skills training should include a cookery class that could be useful to the mentally ill patient when the social skills training is done and there is community re-entry. Educating the community about mental health is necessary to improve the treatment and respect of the mentally ill among community members. The assisted living program mentioned in this article can be modified as suggested and implemented on a global basis. The assisted living program is mentioned because it is unique in housing only mentally ill individuals. Life style changes are necessary for many individuals with mental disorders. It is suggested that such changes necessary can be achieved through social skills training and psychotherapy or religious indoctrination. There are also behavior cycles and change cycles that can be used. Menus are included in this review to ensure healthy eating and can be used in the psychiatric hospital/clinic and assisted living facilities. Cultural differences in the preparation of meals should be respected. The programs and services that are to be made available to individuals with mental disorders as mentioned in this review is recommended for use in all countries of the world-developed and undeveloped.

Keywords: Mental illness, mental disorder, psychiatric, social skills, pharmacotherapy, psychotherapy therapist, counselor, clinic, hospital, treatment, menus, assisted living, program, rehabilitation.

INTRODUCTION

Mental Illness is a common cause of disability worldwide with one in five individuals in most populations being diagnosed with some sort of mental disorder annually. Despite the large numbers of individuals worldwide who are living with some sort of mental disorder in many low income countries, middle income countries and even geographical regions of large metropolitan countries there is not enough respect for mental health and its problems and inequalities of mental illness treatment occurs. There is dire need for guidelines to improve the treatment of mental illness from intake to community reentry which should also include living arrangements.

This overview outlines guidelines that can enhance and improve the treatment of the mentally ill, care of the mentally ill, and the types of government services necessary to augment mental health treatment by clinics, hospitals, therapeutic programs, pharmacology and living conditions. I suggest that there should be assisted living communities for the mentally ill only, and there should be no mixing of the mentally ill with individuals who do not have a mental illness. Separate housing should also be considered for males and females with mental illnesses. Additionally, I outlined programs and assisted living standards that should be met for mentally ill individuals. This can be achieved through the use of a modified assisted living and treatment program that would be mentioned.

Mental health is one area of the health profession that needs greater consideration and research. Mental health has long been a spot of contention in social conversations, a source of

misunderstanding, fear, discrimination, and injustice (Whitaker, 2018).

Mental Illness-Causes, Symptoms, and Diagnosis

Mental illness, also called mental health disorders, refers to a wide range of mental health conditions-disorders that affect the mood, thinking and behavior of individuals (Mayo Clinic, 2019). Examples of mental illnesses are Anxiety disorders, Attention Deficit Hyperactivity Disorder (ADHD), Autism, Bipolar disorder, Depression, Eating disorder, Obsessive Compulsive Disorder (OCD), Post-Traumatic Stress Disorder (PTSD), Psychosis, Schizophrenia, Dementia, Insomnia, mood swings and Sleeplessness (Mayo Clinic, 2019; Directory- Types of Mental Illness, 2019; Gustafson, 2017).

The causes of mental illnesses can be genetic or environmental. Individuals with immediate family members who have a history of mental illness are likely to have a predisposition to mental illness. Environmental factors such as lifestyle changes, such as sudden unemployment, workplace stress, long term isolation, increase drug abuse, traumatic events, and living conditions, that is, family associated problems and mental stress. Exposure to environmental stressors, inflammatory conditions, toxins, alcohol or drugs while in the womb can sometimes lead to mental illness (Mayo Clinic, 2019). Neurotransmitters are naturally occurring chemicals of the brain that carry signals to other parts of the brain and body. When the neural networks involving these chemicals are damaged, the function of the nerve receptors and nerve symptoms change, leading to emotional disorders (Mayo Clinic, 2019). Medical diseases such as cancer, brain injuries, diabetes, heart attacks, strokes and Parkinson disease can also lead to mental illness (Mayo Clinic, 2019; WebMD, 2005). Brain damage can also lead to mental illness (Mayo Clinic, 2019).

The symptoms of mental illness according to Mayo Clinic (2019) are:

1. Feeling sad and down.
2. Confused thinking or reduced ability to concentrate.
3. Excessive fears or worries, extreme feelings of guilt.
4. Extreme mood changes of highs and lows
5. Significant tiredness, low energy or problems sleeping
6. Withdrawal from friends and activities.
7. Detachment from reality (delusions), paranoia or hallucinations.
8. Inability to cope with daily problems or stress.
9. Trouble understanding and relating to situations and to people.
10. Problems with alcohol or drug use.
11. Major changes in eating habits.
12. Sex drives changes.
13. Excessive anger, hostility or violence.
14. Suicidal thinking.
15. It is important to note that some mental health disorder symptoms appear as physical problems such as stomach pain, back pain, headaches, or other unexplained aches and pains.

When individuals exhibit symptoms as outlined above they are taken to a Primary Care Physician who should then refer them to a Psychiatrist. The major mental health disorders diagnosed using the patients symptoms as outlined above are Anxiety disorder, Attention Deficit Hyperactivity Disorder (ADHD), Autism, Bipolar disorder, Depression, Eating disorders, Obsessive compulsive disorder (OCD), Post-Traumatic Stress disorder (PTSD), Psychosis, Schizophrenia, Dementia, Insomnia, Mood Swings, and Sleeplessness.

Characteristics of Mental Health Disorders

Anxiety Disorder

Anxiety disorders are the most common mental health concern in the United States of America with an estimated 40 million adults (about 19% of the population) diagnosed with an anxiety disorder (Directory- Types of Mental Illness, 2019). When feelings of intense fear, uncertainty and distress becomes overwhelming and prevent individuals from performing everyday activities, an anxiety disorder is normally the cause (Directory-Types of Mental Illness, 2019). Anxiety disorders last at least six months and can become worse if not treated. It should be noted that it is normal for individuals to experience mild, brief anxiety due to a stressful event such as public speaking or the short term anticipation of an event.

Attention Deficit Hyperactivity Disorder (ADHD)

When an individual shows inattention, hyperactivity and impulsivity he or she is diagnosed as having ADHD because of inattentive behavior, hyperactivity and impulsivity are common characteristics of ADHD. Attention Deficit Hyperactivity Disorder is the most commonly diagnosed behavioral disorder in young individuals, and affects an estimated 9% of children age 3-17 and 2-4% of adults (Directory-Types of Mental Illness, 2019). ADHD has its onset in childhood and is normally diagnosed then. However, ADHD is not limited to children and often persists into adolescence and adulthood and is frequently not diagnosed until later years (Directory-Types of Mental Illness, 2019).

Autism

The major characteristics of Autism are an inability to socialize and communicate with others, preoccupation with fantasy and abnormal behavior (American Heritage-College Dictionary, 2002; Directory- Types of Mental Illness, 2019). People with Autism can also experience repetitive patterns of behavior, interests or activities. Some individuals with

Autism are mildly impaired by their symptoms, while others are severely disable (Directory-Types of Mental Illness, 2019). Autism is a childhood psychiatric disorder.

Bipolar Disorder

Bipolar disorder is a chronic illness with recurring episodes of mania and depression that can lasts from one day to months (Directory-Types of Mental Illness, 2019; American Heritage College Dictionary, 2002). This mental illness has symptoms such as unusual and dramatic shifts in mood, energy, and ability to think clearly. Cycles of high (mania) and low (depressive moods may follow an irregular pattern that differs from the typical ups and downs experienced by most individuals (Directory-Types of Mental Illness, 2019).

Depression

Depression is a psychiatric disorder characterized by an inability to concentrate, insomnia, loss of appetite, and feelings of extreme sadness, dejection and hopelessness (American Heritage College Dictionary, 2002). If depression is left untreated it can be devastating for those individuals who have it in their families. Individuals of all ages and all racial, ethnic and socioeconomic backgrounds experience depression, but it occurs in some groups more than others (Directory- Types of Mental Illness, 2019). Some individuals will only experience one depressive episode in a lifetime, but most individuals have recurring episodes, and without treatment episodes may last from a few months to several years (Directory-Types of Mental Illness, 2019). Some individuals will only experience one depressive episode in a lifetime, but most individuals have recurring episodes, and without treatment episodes may last from a few months to several years (Directory-Types of Mental Illness, 2019).

Eating Disorders

Eating disorders are a group of associated conditions that cause serious emotional and physical problems. When an individual becomes very preoccupied with food and weight issues and finds it very difficult to focus on other aspects of life, it is normally an early sign of an eating disorder (Directory-Types of Mental Illness, 2019). Some common eating disorders are anorexia nervosa, bulimia, and Binge eating disorder. Anorexia nervosa is a mental illness occurring in young women, characterized by a fear of obesity, a distorted self-image, a persistent unwillingness to eat and severe weight loss. Bulimia is an eating disorder characterized by episodes of binge eating and often associated with measures to prevent weight gain, such as self-induced vomiting, dieting or fasting. Binge eating is an eating disorder characterized by the eating of large amounts of food in a short time and is also a symptom for Bulimia.

Obsessive-Compulsive Disorder (OCD)

Obsessive compulsive disorder is a mental illness characterized by individuals who have repetitive, unwanted, intrusive thoughts (obsessions), and irrational, excessive urges to perform certain actions (compulsions) (Directory-Types of Mental Illness, 2019). Although individuals with the obsessive compulsive disorder may be aware that their thoughts and behavior do not make sense, they are very often not able to stop them.

Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder is caused by past traumatic events such as an accident, assault, military combat or natural disaster and can have an effect on an individual's mental health. Many individuals have short term responses to life threatening events. Some will develop longer term symptoms that can lead to the diagnosis of Post-Traumatic Stress Disorder (PTSD) (Directory-Types of Mental Illness, 2019). PTSD is characterized by recurrent flashbacks, nightmares, eating disorders, anxiety, fatigue, forgetfulness, withdrawal, substance abuse and depression (American Heritage Dictionary, 2002; Directory-Types of Mental Illness, 2019).

Psychosis

Psychosis is a severe mental disorder, with or without, organ damage, characterized mainly by derangement of personality, and loss of contact with reality (American Heritage College Dictionary, 2002). The above disruptions caused by psychosis are often experienced as seeing and hearing that aren't real or having strange, persistent thoughts, behaviors and emotions (Directory-Types of Mental Illness, 2019). While different individuals have different experiences, most say psychosis is frightening and confusing (Directory-Types of Mental Illness, 2019).

Schizophrenia

Schizophrenia is a psychotic mental disorder characterized by withdrawal from reality, illogical patterns of thinking, hallucinations, delusions, disorganized speech, disorganized or catatonic behavior, and is accompanied in varying degrees by emotional behavior or intellectual disturbances (Directory-Types of Mental Illness, 2019; American Heritage College Dictionary, 2002).

Dementia

Dementia is a mental disorder characterized by the deterioration of intellectual faculties resulting from an organic disease or disorder of the brain (chemical or physical) and is sometimes accompanied by emotional disturbance (American Heritage College Dictionary, 2002).

Insomnia

Insomnia is a mental disorder characterized by the inability to sleep or the inability to remain asleep for

a length of time (American Heritage College Dictionary, 2002).

Mood Swings

Mood swings are characterized as regular changes in an individual's state of mind or emotions. With mood swings a person's feelings can change many times per day. A feelings chart consisting of the following words can be used to determine the individual's mood throughout the day- Exhausted, Confuse, Ecstatic, Guilty, Suspicious, Angry, Hysterical, Frustrated, Sad, Confident, Embarrassed, Happy, Mischievous, Disgusted, Frightened, Enraged, Ashamed, Cautious, Smug, Depressed, Overwhelmed, Hopeful, Lonely, Love-struck, Jealous, Bored, Surprised, Anxious, Shocked and Shy (Mind Over Matter, 2020). It should be noted that our feelings, thoughts and actions are all interrelated. Mood swings can affect sleep, energy, activity, judgment, behavior and ability to think clearly (Mayo Clinic, 2019).

Sleeplessness

Sleeplessness is a mental disorder characterized by the inability to sleep. It is sometimes associated with other mental disorders or the abuse of alcohol and drugs (narcotics).

The Treatment of Mental Disorders

The treatment process for a Psychiatric disorder must start with a referral from a primary care physician to a Psychiatrist. The hospitalized or screening process involves Intake, Processing, Assessment, Treatment Plan, and Pharmacology and if necessary continues care. The treatment process should also involve behavior therapy and counseling, Clinical (medication management), substance use monitoring if the cause of the illness is narcotics related, self-help or peer groups. The civil (government services) that should be made available are child care services (children's home), vocational services, medical services, continuing mental health services, legal services, housing and transportation, and family services.

Intake

The intake process for Psychiatric assessment and treatment involves a screening process for behavior observations and symptoms for 2-3 days (usually on camera with connections for hearing. If the behavior and utterances require an assessment after initial paper work the patient is admitted to a ward.

Assessment

The assessments for psychiatric disorders are performed through a check list. It takes at least two visits (or sometimes one if the individual had a prior psychiatric disorder) before a determination is made, whether or not the individual needs medication because all mental disorders (complaints) do not need medication. If medication is required the patient is prescribed a medication for the disorder and based on the questionnaire the psychiatrist determines if the patient needs a case manager, or a social worker, or both and a treatment plan for the patient is drawn up.

Treatment Plan

The treatment plan consists of medication, to be taken by the patient, a determination by the psychiatrist (based on family relations) if the patient upon discharge should be sent to live with family, spouse, self-help, group living (half way house, or assisted living). Medicating a patient is usually on a trial basis to determine the effect of the medication on the patient -mainly dangerous or uncompromising side effects of the medication. Not all patients experience side effects from their psychiatric medication but side effects are very common. The psychiatrist sometimes changes the medicine because of the side effects or adds side effects medication to the medication management plan of the patient. If the patient has been assessed as being competent to handle his/her day to day as required as an outpatient, a case manager would not be assigned. When the patient has been assessed as being incompetent to handle the day to day activities of an outpatient a case manager is assigned and in many cases a social worker is also assigned. The case manager takes charge of the treatment plan when the patient leaves the hospital as an outpatient to ensure that the patient attends medical appointments, have a knowledge of his/her transport systems and other civil (government) services are available. The case manager counsels the patient on the need for relevant government services. The case manager sometimes refer patients to the private service because they have the necessary financial resources and insurance and are capable of self-help living. The process from intake to the determination of a treatment plan should take at least three weeks.

Pharmacotherapy

Pharmacotherapy is the treatment of a mental disorder with medication. Different mental illnesses are treated with different or sometimes similar medications. If medications cause side effects, side effects medication is given along with the main medication or another medication is prescribed. Medications are often utilized at the same time as other forms of treatment such as counseling, life management skills, and/ or behavioral therapies (psychotherapy) (Gustafson, 2017). Medicines are commonly an important and effected part of the treatment for all the mental illnesses described in this article. Like many medications, mental illness medications are not an exact science (Whitaker, 2018). Because no two bodies work exactly in the same manner, no two medications will work the same for one individual as they do for another (Whitaker, 2018). The key with medication management is patient, persistence, and determination. It should emphasized that an individual is not a failure if his/her medication is not working. It takes careful collaboration with a

psychiatrist to help determine the unique combination of medicines an individual's body needs to function and strive (Whitaker, 2018). It can take months to find the correct balance of medication, hence it is important to be open with your psychiatrist about what you need. Medications may remove some of the unpleasantness of an individual's mental illness, but they do not provide the individual with the coping skills and education necessary to make lasting changes to the individual's lifestyle and environment-it is normally the beginning of the treatment process. Some individuals require psychoactive medications, such as antidepressants, anti-anxiety agents, mood stabilizers, and anti-psychotic medications. There are medications available to try for all mental illnesses.

Psychotherapy

Some patients require psychotherapy (talk therapy) along with their medications while others do not. Psychotherapy is performed by a therapist/counselor. To be very effective as a therapist/counselor the following four conditions – known to be achievable –must be met with the client.

1. A strong therapeutic alliance to success and trust in the therapy.
2. A sense of safety and hopefulness should be established with the client.
3. The therapist or counselor should give early evidence of being helpful.
4. The therapist/counselor should show the ability to keep sessions emotionally safe.

A strong therapeutic relationship builds when clients/patients feel that their therapist:

(a) Will be helpful in guiding them through to the resolution of issues/problems that are troubling to them.
(b) Will keep clients safe from blame, anger and hurtful comments.
(c) Will provide positive feelings of hope and improved self-esteem.

Establishing the sense of safety and hopefulness is important and all therapists/counselors should:

(a) Be trained and be able to coach clients/individuals/patients the skills necessary for a successful rehabilitation.
(b) Not allow clients to interact angrily and hurtfully during therapeutic sessions (group or single sessions).
(c) Not as a therapist/counselor dwell so much on the client's past interactions that hopelessness is instilled, but the therapist/counselor should rather concentrate on the matter that would promote better interactions among family, peers, and improved life-skills.

Clients generally regard their therapist/counselor as helpful if right from the first session the therapist/counselor offers them a pathway towards a new non-blaming situation and an improved relationship never seen before with interaction and thinking. The therapist/counselor in the first session should be able to teach listening and talking skills (basic communication). The therapist must show the ability to keep group and individual sessions emotionally safe being not judgmental and gives positive feedback rather criticism. The therapist/counselor should address emotional, behavioral and physical health problems and as a result could coach how to react to some of the complications of mental health illnesses.

The following 10 complications should be addressed by the therapist/counselor, either in group or individual therapy depending on confidentiality (Mayo Clinic, 2019).

1. Unhappiness and decreased enjoyment of life.
2. Family conflicts.
3. Relationship difficulties.
4. Social isolation.
5. Problems with tobacco, alcohol, and other drugs.
6. Absenteeism from work or schools, or any other problems related to work or school.
7. Legal and financial problems.
8. Self-harm and harm to others, including suicide or homicide.
9. Warning signs.
10. Coping strategies.

Maintenance

Maintenance in psychiatry refers to the stage where individuals have been normalized through medication and/or psychotherapy. Such individuals are monitored to determine if and when they will move on to independent living, assisted living, and halfway house or with relatives. For independent living, individuals should have a support group that involves a psychiatrist, a primary care physician, a counselor or therapist if necessary, friends and family if possible. In order to determine if an individual has reached the maintenance stage of their recovery there is an 8 step check list (Mind over Matter, 2020).

1. Experimentation which has two concepts of client behavior (a) there is experimentation with their medication and (b) there is the abusive use of substances to gain a feel good situation.
2. Recreation use refers to the situation where the mental health disorder clients are using substances abusively (alcohol, and drugs) on a recreational basis- parties, picnic, family gatherings and other social outings.
3. Problem/risky use –is when the clients are in situations where there is high risk for relapsing or begin taking abusive substances hoping it would solve their mental illness or in the opinion of health care staff there are risk for suicide or homicide. Such individuals are

remanded to the psychiatric clinic or hospital if they are outpatients and they are not discharge from the hospital if such behavior is observed in the hospital or clinic.

4. Dependent/Addicted use implies that the mental illness clients have a substance dependency condition and are in dire need of medication and therapy. Such individuals should be sent to the hospital or clinic or discharge is prevented.
5. Rock bottom-refers to the situation where the mental health disorder patients need a very extensive medication and psychotherapy review or initiation as well as a review of the treatment plan.
6. Sobering up-refers to the detoxification of the mental illness patients from the abuse of prescription drugs, alcohol or narcotics. They systems are becoming free of such substances. Such individuals are usually hospitalized or in the clinic or half-way house.
7. Lifestyle changes refer to the situation where the mental illness patients/clients are aware that they must change their living environment and move to a safe and emotionally comfortable living conditions. This occurs on release from the psychiatric clinic or hospital. The living conditions should change behavior, be free of conflicts, and offer the opportunity to become medicated. Lifestyle changes sometimes refer to a change in friendships, family settings, and the ability to live in an independent living situation, assisted living or half-way house.
8. Maintenance as mentioned above suggest that the treatment plan for the clients/mentally ill patients have been successful and the individuals have been normalized and are ready to reenter the work force, school setting, or outpatient retirement setting. Such individuals' only need to take the prescribed medications and are deemed to have reached outpatient status. The individuals who reach outpatient status must be assessed by a psychiatrist at least every six months. But many patients are assessed monthly or every three months.

In addition to being knowledgeable to the position an individual is in the recovery cycle it is also essential to determine the status of a mental health disorder client/individual is in his/her behavioral cycle for effective assessment and treatment. Such a behavioral assessment is usually achieved through the therapist, counselor or psychiatrist. There is an 8 step process where after the step eight there is a return to step 1 (Mind over Matter, 2020).

1. Normal Routing refers to the situation where the current behavior of the clients/patients are normalized, there is positive social interactions, no aggression and accept their position in life as well as the accompanying life style changes.
2. Triggers are the phenomena that will cause the clients/patients to resort to or start negative behaviors-such as aggression, isolation, anxiety and depression. The most common phenomena that would cause triggers are our senses of smell, hearing and sight. Memories, feelings and situation are also deemed to cause the inclinations to negative behaviors.
3. Build up refers to energy which can cause hyperactivity and anxiety. Cravings are the desires for sexual activity, abusive substances or food. Tunnel vision refers to the one way train of thought that can be negative and cause relapses or aggressive, critical, blaming and judgmental behavior.
4. Planning is the situation where with the aid of the psychiatric treatment staff, there help to be obtained by the patient in determining conditions that would help positively with the behavior and propelled his/her recovery. The situations of where are the safe places to go, with whom, when, how to react and things that appropriate to do.
5. Acting out unhealthy release of feelings are caused for concern where the behavior of the clients/patients are inappropriate. In this situation if the medication is effective there is need for serious psychotherapy.
6. Rationalization refers to the situation where the clients/patients behavior are under scrutiny and the steps for normalization through psychiatric treatment including minimization of the behavior, justifying the reasons for the behavior, give blame where necessary and redefine the treatment plan.
7. Consequences refer to the situation where the clients/patients behavior has caused legal problems, institutional problems, or severe family conflicts and there is need for punishment. The clients/patients are therefore Required to apologize, show remorse, and a cleanup is put in process to repair family and institutional conflicts and have legal problems resolved.
8. Pretending normal is a situation where the clients/patients are faking normal behavior to proceed to a higher level in their treatment programs. However, careful therapeutic assessments, symptoms monitoring can reveal such pretense.

Rehabilitation

Rehabilitation is the process whereby the patients/clients are prepared to live independently as the main emphasis or in an assisted living situation or half way house, if they are deemed incompetent to live independently. Rehabilitation is initiated after the

clients/patients are stabilized through medication, their behavior is normalized and the best effort would be to try to introduce them back into the society. The rehabilitation process normally takes between six months and two years. The rehabilitation process involves teaching, mentoring, coaching, counseling and therapy. The topics covered in the rehabilitation process/program at "Mind over Matter" 2020 are:

1. Medication management.
2. Symptom management and warning signs.
3. Substance abuse management.
4. Recreation for leisure-partying, social gathering-outdoors-picnics etc.
5. Communication-Basic communication skills.
6. Interpersonal problem solving.
7. Workplace fundamentals-Job requirements, volunteering.
8. Community Re-entry-Rules and laws that guide the society-Behavior fundamentals.
9. Involving families in services for the seriously mentally ill.
10. Friendship and intimacy.
11. Physical activity (exercise) and its relevance.
12. Budgeting-Prioritizing -Needs and Wants.
13. Coping Strategies-Relapse prevention.
14. Feelings identification to determine moods-Warning signs.
15. Healthy eating.
16. Organization and time management skills.
17. Stress Management.

Medication Management

Mental health disorder medication is designed primarily to address the physiological symptoms of the disorder (Whitaker, 2018; Hazelden, 2016). The physiological symptoms are those that affect parts of your being beyond your control such as changes in sleep, appetite, fatigue, loss of motivation, feeling restless and on the edge, racing heart, seeing or hearing things that aren't there among others (Whitaker, 2018). Research shows that most changes in personality that arise from medication management are typically associated with the reduction of the symptoms and are usually positive-assuming the medication is correct-(Whitaker, 2018). Medications can also help patients minimize cravings and maintain abstinence from additive substances (Hazelden, 2016).

For mental illness patients to get the most out of their medication, patients must make informed choices about taking medication, and understand the potential benefits and cost associated with medication use and they must take the medication as prescribed by the mental health professional (Hazelden, 2016). Taking medication is not substance abuse, but a medication that manages one's mood is very different from a drug that alters one's mood (Hazelden, 2016). An effective medication is one that reduces symptoms and has a positive effect. Effective psychotherapies have also been developed and tested for many mental health disorders and can be utilized without medications for patients with mild or moderate disorders (Hazelden, 2016). However, medication is still an important mainstay of treatment for patients with more severe and/or long standing mental illness symptoms (Hazelden, 2016).

Many patients do not take medication as prescribed. Some simply forget medications, but there is normally an underlying concern (Hazelden, 2016). Psychiatrists and other mental health professionals should always assume that a patient will sometimes fail to take his/her medications. In such instances questions should be asked pertaining to the missed medication in a non-judgmental way. When patients are not adherent to the medication plan, modifications to the medication prescription or plan should be based on the patient's unique reasons for non-adherence.

Hazelden (2016) reported the following reasons for non-adherence to the medication plan by patients:

(a) Medication related side effects
(b) Concern about the interactions between substances they use and the medication (a patient may not take his/her medication if a return to substance use occurs)
(c) Belief that the medication isn't working.
(d) Feeling better, which leads the patient to believe that the medication is no longer needed.
(e) Misattribution of the mental health disorder symptoms to the use of medication.
(f) Disorganization or apathy related to the ongoing substance use disorder or mental disorder
(g) Lack of family support for medication taking.

When patients report side effects, or change the way they take the medication due to side effects, prescribers should do their to address the problems. Serious side effects or those that interfere with functioning should be addressed by changing the timing or those of the medication, by taking the medication with or without food, or by using another medication to alleviate the problem (Hazelden, 2016). Sometimes a medication switch will be necessary to address the non-adherence. Prescribers of mental illness medications should avoid prescribing medication that are known to interact with the patients preferred substances of abuse. Medications that are safe even when abusive substances are used should be done with the advisory that the medications be taken daily regardless or not abusive substances are used (Hazelden, 2016). Admonitions to patients not to use substances because they are on medications often result in the patients using substances and not taking their medications (Hazelden, 2016).

Some patients may misattribute mental health disorder symptoms to medication use (Hazelden, 2016). A careful documentation of the mental health disorder

symptoms prior to prescribing the medication is helpful in such a situation. Education and reminders can be helpful, but if the patient is fully convinced that the medication is causing the mental health disorder symptoms, switching medications may be an option to address the problem (Hazelden, 2016).

Sometimes patients are willing to take medication as prescribed but the attitude of a family member/members interferes (Hazelden, 2016). An inquiry about the perception of their family and friends because of the medication is important. Additionally, if spouses have concerns they should be included in an educational process along with family and close friends. The education should include information pertaining to the mental illness, substance use disorders and their treatment.

Peer support groups are important for patients to express their feelings, discuss experiences, emotions, medication use, and its effect as well as substance use or abuse. Notable peer support groups are Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). The official stance of Alcoholics Anonymous and Narcotics Anonymous is that taking medication prescribed by a medical professional is compatible with recovery. The emphasis of NA/AA is substance abuse prevention and counseling. Some psychiatric clinics and hospitals offers peer groups for outpatients and in patients with mental health illness and therapists are sometimes present. In peer groups it is important to remind individuals that medication is one important tool they can use in their own personal recovery path. Patients can also shop around for peer support groups that are more supportive of people with their mental disorder or substance abuse similarities.

The effects of medication for mental health disorders can take several days to several weeks to take place, and it can take several months for their entire effects to be felt by a patient. Possible side effects associated with psychiatric medication are nausea, vomiting, weight gain, loss of appetite, headaches, and blurred vision (Harley *et al.*, 2006). Once the mental health disorder is stabilized over a period of months, the medication should be continued for approximately six months (Hazelden, 2016). Patients with mood and anxiety disorders may consider tapering and discontinuing medication, depending on how chronic and severe the mental health disorder symptoms are (Hazelden, 2016). Patients who have bipolar disorder and psychotic disorders may benefit from remaining on medication for a much longer period of time, often for life (Hazelden, 2016). Research suggests that relapse of symptoms occur within a year of discontinuing medication in bipolar and psychotic disorders (Hazelden, 2016). Patients can be considered as taking their medication when they take them over 80% of the times. Examples of medications taken by individuals suffering from mental disorders are mood stabilizers, anti-anxiety medication, antidepressants, stimulants and anti-psychotics.

Symptom Management and Warning Signs

All individuals with mental illnesses should be aware of the symptoms and warning signs of their disorders. Warning signs are known signals that there is a problem with their feelings, thoughts and actions. Symptom management refers to the steps individuals could take to get the necessary help to relieve their symptoms. Steps such as calling the emergency health care system if symptoms are severe; for less severe symptoms make an appointment with a psychiatrist or other mental health professional to discuss the symptoms. Emergency contact numbers are essential components of the personal diary of all mental illness patients.

Substance Abuse Management

Substance abuse normally comes with addiction; hence the treatment of the addiction is the essential focus of substance abuse management. Substance abuse management through drug treatment is intended to help addiction/substance abuse individuals stop compulsive drug seeking and use (National Institute on Drug Abuse, 2018). Drug addiction treatment can include medications, behavior therapies, or their combination (National Institute on Drug Abuse, 2018). Treatment for drug abuse and addiction is delivered in many different settings using a variety of behavioral and pharmacological approaches (National Institute on Drug Abuse, 2018). The treatment can take many different forms and last for different duration and time. Because drug addiction is typically a chronic disorder characterized by occasional relapses, a short term one time treatment is usually not enough to address the concern. For many individuals the treatment is a long term process that involves multiple interventions and regular monitoring. There are a variety of evidence based approaches for the treatment of addiction. The medication treatment can be accompanied by behavioral therapy-cognitive-or contingency management or both. The specificity of the treatment or the combination of treatments will vary depending on the patient's individual needs and often the type of narcotics he/she uses or if there is alcohol abuse.

Behavioral therapies can help motivate individuals to participate in drug treatment, offer strategies for coping with drug cravings, teach ways to avoid drugs and prevent relapse and help individuals deal with it if it occurs (National Institute on Drug Abuse, 2018). Behavioral therapies can also individuals improve communication, relationships, parenting skills, as well as family dynamics (National Institute on Drug Abuse, 2018).

Many treatment programs employ both individual and group therapies (National Institute on

Drug Abuse, 2018). Group therapy can provide social reinforcement and help enforce behavioral contingencies that promote abstinence and a non-drug using lifestyle. Some of the more established behavioral treatments, especially contingency management and cognitive behavioral therapy among others are also being adapted for group settings to improve efficiency and cost- effectiveness. In adolescents, there can also be a danger of unintended harmful effects of group treatment. Sometimes group members (especially groups of highly delinquent youth) can reinforce drug use and thereby derail the purpose of the therapy. Individual therapy is usually used when the clients/patients are given directives in a questioning and answering session. Train counselors and therapists should be aware of and monitor the behavioral effects as well as keeping detail records.

Recreation for Leisure

Partying, social gatherings, picnics, and outdoors-parks, beaches have been shown to improve interpersonal relationships among clients, relieve stress, relax clients and place them in real world situations. (Personal Observation, 2020)

Communication

Basic communication skills/techniques are taught to patients/clients to develop their expression of their feelings, thoughts, desires and interpersonal relationships. Communication skills/techniques focus on being assertive while respecting the opinions of others. The importance of being a good listener is emphasized and the importance of being open and honest in the communication process. The importance of yes/no in the client/patient communication is emphasized. The need to focus on oneself and your own responsibilities are the necessary components in determining whether to say "No" or "Yes", that is, put yourself first.

If you constantly give your time and energy to others, it can seriously impact your mental and physical health (Hurst, 2019). If one can learn to say "no" in a polite and respectful manner, then he/she is starting to become assertive. It is not selfish, you are just setting your own priorities and putting yourself and your time first (Hurst, 2019). Individuals who find it difficult to be assertive usually:

(a) Are constantly saying yes to others for fear of being rejected or judged.
(b) Rarely ever state their own opinion on things.
(c) Find it difficult to ask for what they want or stand up for themselves when they feel they should.

Being assertive doesn't mean that one has to be mean or rude, but one can stand up for himself/herself at times that he/she needs to be more aware of his/her own opinion and responsibilities (Hurst, 2019). Being able to know when and how to be assertive can really help individuals in tough situations (Hurst, 2019). If one is not assertive, he/she may not be giving himself/herself enough value and could be putting others before himself/herself (Hurst, 2019).

According to Hurst (2019) an individual who lacks assertiveness is likely to experience the following problems:

(a) A fear of being judged-such an individual may feel that others will judge him/her if he/she try to stand up for himself/herself even when he/she is right.
(b) Always says yes to favors, even when he/she knows he/she does not have the time. In this situation such an individual is putting the responsibility of others above his/her own and may stretch himself/herself too thin.
(c) The individual maybe afraid to say something in a situation such as poor customer service or damaged products. Even though he/she is in the right, he/she may still not speak up in fear of being seen as rude or fear others being rude to him/her.
(d) Such an individual can also have problems expressing and giving positive feelings. For example, giving and receiving compliments may be difficult for the individual as he/she may be feeling bad about himself/herself after putting others before himself/herself and could be feeling anxious.

The use of “I” statements are an important aspect of being assertive. Being assertive is considered a core communication skill. Assertiveness can help individuals control their stress and anger and improving coping skills. Being assertive means that the individual express himself/herself effectively and stand up for his/her point of view, while also respecting the rights and belief of others. Being assertive can also help boost a person’s self-esteem and earn the respect of others. This can also help the individual with stress management, especially if the individual tend to take on too many responsibilities because he/she has difficulty saying “no”. For those individuals who are not naturally assertive there are modules to teach them to be assertive.

Mayo Clinic (2019) reported that being assertive is based on mutual respect, and that it is an effective and diplomatic communication style. Mayo Clinic (2019) outlined the following benefits achieved by an individual by behaving assertively:

(a) The individual gains self-confidence and self-esteem.
(b) The individual understands and recognizes his/her feelings.
(c) The individual earns respect from others.
(d) It improves the communication of the individual.
(e) It creates win-win situations for the individual.

(f) It improves the decision making skills of the individual.
(g) It helps the individual creates honest relationships.
(h) It helps the individual gain more job satisfaction.

Learning to be more assertive can also help the individual express his/her feelings when communication to others about issues (Mayo Clinic, 2019). Learning to be assertive takes time and practice.

Interpersonal Problem Solving

Problems and the associated decisions are part of our daily lives. Some problems are quite small and can be easily resolved, whilst others can require some significant effort and time to work out and sort out. Problem solving is a skill that can be developed. Regardless of the scope of the problem-small, medium, large-it is helpful to have a basic plan for working out things out and deciding on a course of action. There are six steps to problem solving –personal or interpersonal as outlined below;

(a) Identify the problem-Identify specifically what it is you desire to change or sort out.
(b) Identify your options-What are your possible solutions to the problem(s)? Make a list of very option you can think of, even those that seem unlikely. Consulting with others-therapist, counselor-can be helpful as they might be added possibilities you haven't considered.
(c) Weigh your options-go through each option that you have listed and consider its potential benefits and consequences.
(d) Choose an option-after assessing the pros and cons of each option one might appear to be most likely for you to solve the problem(s). If you don't find one that's most likely to solve the problem(s) just choose one. It has nothing to do with right or wrong, it is simply about choosing the best available option for the particular problem(s) and give it a try.
(e) Put it into action-Execute the option you have chosen
(f) Review-all results should be reviewed and noted. Three possible review questions are. What have I learned from the process? What if a similar problem presented itself? Would I do the same thing again or are there other alternatives?

Interpersonal problem solving involves solving problems in a group setting. The individuals might have similar problems or different problems. In such situations each individual in the group would execute the six basic steps and explain his/her outcome in a group setting with a therapist or counselor. In such situations the thought and learning process are widened and different approaches to the same or different problems could be identified. In interpersonal problem solving in the group setting individuals can learn from each other.

Workplace Fundaments- Job requirements, volunteering

Working or volunteering gives a meaningful connection that can take mental illness patients/clients minds off their worries and their attention is focused on someone or something else. The better the experience obtained through working or volunteering, the more the mental illness individuals feel satisfied with using their time and talents, and that results in improved mood and less stress.

Individuals who are enrolled into volunteering or job seeking are those who are medically stabilized and are on their way to independent living or are already living independently. Individuals who are designated to enter the work force are taught work place fundamentals. According to Employment North (2015), the top qualities and skills employers are looking for are:

(a) Communication skills.
(b) Honesty.
(c) Technical competency.
(d) Work ethic.
(e) Flexibility.
(f) Determination and persistence.
(g) Ability to work in harmony with others.
(h) Eagerness and willingness to add to their knowledge base.
(i) Problem solving skills.
(j) Loyalty.

Research has shown that the benefits of volunteering/working to a mental illness individual could be as followed:

(a) Reduces stress.
(b) Combats depression.
(c) Prevents feelings of isolation.
(d) Increases confidence.
(e) Gives a sense of purpose, meaning and value.
(f) Ignites passion.
(g) Makes them happy.
(h) Builds resilience.

For those mental illness individuals who have entered the work force there are 12 tips proven to improve their performance in the work place. These are:

(a) Know the signs of a problem.
(b) Make a to do list.
(c) Take frequent brakes.
(d) Drink water.
(e) Avoid workplace gossip.
(f) Avoid taking on too much.
(g) Set small and manageable goals.
(h) Add personal items to a work space.
(i) Talk to Human Resources.
(j) Identify Triggers.

(k) Get help when necessary-phone your advocated hot line.
(l) Do not feel ashamed of your mental disorder.

Community Re-entry-Rules and laws that guide the society- Behavior fundamentals

Mental health disorder individuals, who have been stabilized medically, completely rehabilitated through social skills, and show the behavior fundamentals to obey the laws and rules that guide the society are given permission to mingle with individuals in society on a temporary basic before it becomes permanent. Family visits, volunteering, library visits, and social gatherings with friends are some of the activities allowed. Some mentally disordered individuals are allowed to take educational classes before permanently re-entering society. Once the mental health disorder individuals show through their temporary release that they are capable of mingling in society without any problems they are granted permanent leave to family, independent living or assisted living. The trial release involves weekend visits to friends, family and other support groups. The trial release period is normally at least one year. Before permanent release risky behaviors are assessed.

Involving Family in Services for the Seriously Mentally Ill

After the spouse of fiancé research has shown that the family unit -mother, father, siblings, and cousins are the strongest social support group that can help an individual with a mental disorder recover or be stabilized. In rare occasions a strong friendship is helpful. Wherever possible the family unit is involved in therapy sessions and given the authority to help manage the affairs of the mental illness clients/patients. For individuals where there are family occurring, the family unit, the therapist, the psychiatrist, and the mental illness individuals get together to resolve them. For some individuals friends, community groups, and health care providers are they only support group. Positive family relationships also build resilience (Essential Life Skills, 2020). Resilience is the ability to bounce back from a negative event (Essential Life Skills, 2020).

Friendship and Intimacy

Friendship and intimacy is normally allowed/permitted between a mental health disorder individual and an individual who does not have a mental illness. In program conditions and housings where male and female clients with mental disorders live close together there is a strong emphasis on not mixing. Wherever possible friendships between males and females are monitored in an effort to prevent sexual activity. However, there are still instances of sexual intercourse that led to pregnancy. Sex being a basic instinct of human beings means that wherever possible sexually mature males and females would make efforts to have sexual intercourse. I, therefore recommend that contraceptives be distributed/made available to males and females with mental health disorders when they are living in close proximity. Positive friendships and intimacy help to increase resilience (Essential Life Skills, 2020).

Physical Activity (Exercise) and its Relevance

Physical activity is a health topic recognized world-wide. Along with its physical benefits research has shown that exercise have a positive impact on an individual's mental health. Furthermore, physical activity can reduce the development of chronic diseases such as hypertension, diabetes, stroke and cancer (McKinney *et al.,* 2016).

Staying active is one of the best ways to keep the body healthy and it can also improve the overall wellbeing and quality of life (American Heart Association, 2019). Regular physical exercise can relieve stress, anxiety, depression, is a mood changer, and helps prevent cognitive decline (McKinney *et al.,* 2016; American Heart Association, 2019). Most individuals notice they feel better overtime as physical activity becomes a regular part of their lives (American Heart Association, 2019).

Being more active according to the American Heart Association, (2019); W.H.O (2016) and Essential Life Skills, 2020) can:

(a) Lower one's blood pressure.
(b) Boost the levels of good cholesterol.
(c) Improve blood flow (circulation).
(d) Keeps the body weight under control.
(e) Prevents bone loss that can lead to osteoporosis.
(f) Helps individuals to quit smoking and staying tobacco free.
(g) Boosts one's energy level so that he/she can get more done with reduced tiredness.
(h) Helps manage stress and tension.
(i) Promotes a positive attitude and outlook.
(j) Helps one to fall asleep faster and sleep more soundly-improves sleep.
(k) Improves the self-image and self-confidence of individuals.
(l) Provides fun ways to spend time with family, friends, and pets.
(m) Helps individuals spend more time outdoors or in their community.
(n) Improves mood.
(o) Have a positive influence on one's metabolic syndrome and diabetes.
(p) Reduces anxiety, depression, and social isolation and improve self-esteem, cognitive function and quality of life.
(q) Improves and build resilience.

Individuals who are physically active and at a healthy weight live about seven years longer than those who are not physically active and are obese (American

Heart Association, 2019). Research shows that staying active help delay or prevent chronic illnesses and diseases associated with aging, hence active adults maintain their quality of life and independence longer as they age (American Heart Association, 2019). Physical activity has also been shown to reduce the risk of dementia and Alzheimer's disease (Rovio *et al.,* 2005). Physical exercise for at least 150 minutes per week- 30 minutes a day=5 days per week are the minimum that are effective for physical and mental health being-prevent and moderate diseases (American Heart Association, 2019; Wen *et al.,* 2011; W.H.O 2016). Aerobic exercises, walking, jogging, cycling, swimming, floor exercises, yoga, strength exercises and all moderate intensity exercises are proven to be adequate for the health wellbeing (Wen *et al.,* 2011). Fitness bingo outlines a variety of short exercises that can be used over a 30 minute period (Help Teaching, 2020).

Physical inactivity is the fourth leading cause of death world-wide (Kohl *et al.,* 2012). It is estimated that over a third of cancers and about 80% of heart disease, stroke and type 2 diabetes could be prevented by eliminating behavior risk factors such as physical inactivity, unhealthy diet, tobacco smoking and alcohol use (W.H.O, 2013). In a meta- analysis examining the effect of exercise in patients with chronic disease, exercise significantly reduced depressive symptoms by 30% (Herring *et al.,* 2012). A review using the Cochrane data base found exercise to be effective at reducing depression symptoms when compared with psychological and pharmacological therapies (Cooney *et al.,* 2013). The benefits of physical activity in maintaining cognitive function in older age and promoting healthy aging is well documented (McKinney *et al.,* 2016). In a meta-analysis physical activity was found to be protective against cognitive decline, with most fit individuals having a reduced risk of cognitive decline of 385 and a low to moderate level of exercise showed significant reduction in risk of 35% (Sofi *et al.,* 2011). Without regular physical activity your body loses its strength, stamina, and ability to function effectively (American Heart Association, 2019). Exercise increases muscle strength, which in turn increases your ability to do other physical activities. For mental illness individuals who attend therapy sessions five days per week 30 minutes of each day should be allowed for aerobic or other exercises. The side effects of the medications taken by the individual (s) with mental disorder (s) can be a barrier to physical activity (exercise) (McDevitt *et al.,* 2006).

Budgeting-Prioritizing- Needs and Wants

The first step in money management is setting priorities. For example rent, electricity and phone are fixed monthly totals that the mentally ill person must be aware of and that there are an absolute requirement at the end of each month. The best way to achieve it is by saving funds and not spending them on items they just want. A special savings account can be set up to specifically save money for emergencies. Now that consider the shelter aspects of the basic requirements for man (human) we must now address the food and clothing component. Mental illness individuals are taught to make a shopping list. Food also a monthly purchase for some mental illness individuals should be address- grocery store versus food bank. It is advisable that wherever possible mental illness individuals should use the food bank. Those items that cannot be obtained from the food bank should then be purchased in the grocery store. Clothing is also essential and can be purchased in discount stores or thrift shops. It should be advised to the mental illness individual(s) that 70% of left over funds after paying rent, electricity, phone and purchasing food should be put aside for emergency or sickness and the other 30% fun money that can be used to purchase clothes, eating out, visits to the park ,cinema etc.

Coping Strategies-Relapse Prevention

Coping strategies are actions mental illness individuals take consciously or unconsciously to deal with stress, problems or uncomfortable emotions (Therapist Aid< 2018). Coping strategies could be healthy or unhealthy (Therapist Aid, 2018). Healthy coping strategies may not provide instant gratification to the mental illness individuals but they lead to long lasting positive outcomes, whereas unhealthy coping strategies tend to feel good in the moment, but have long-term negative consequences (Therapist Aid, 2018). Healthy coping strategies help to prevent relapse. Examples of healthy coping strategies are the use of a stress ball, eating healthy, sitting in the sun, hanging out with friends, talking to a teacher or counselor about your problem, performing a random act of kindness, perform relaxation techniques-take 10 deep breaths, volunteer time, use social support-talk to parents or siblings, going for a walk, watching a funny movie, write in a journal, hugging a friend/family member, drawing or painting, perform yoga, joining school or community clubs/groups, playing a game, dance, listening to music, identifying feelings, exercise, sleep, thinking positively, writing a positive letter to yourself, seeking professional help, and problem solving techniques (Mental Health Bingo, 2020; Therapist Aid, 2018).

Examples of unhealthy coping strategies include the use of drugs or alcohol, overeating, procrastination, sleeping too much or too little, social withdrawal, self-harm and aggression. Coping strategies are taught in group sessions mainly and peer support along with role play is important to enhance the discussions.

Feelings Identification to determine moods-Warning Signs

The feelings of a mental illness individual are a pivotal point in his/her assessment by the health care

professional-counselor, therapist, and psychiatrist. The three most commonly asked by a mental health professional are about feelings, sleep and appetite. There is also a question about the medication with regard to side effects. For individuals who attend daily therapeutic sessions (psychotherapy_ there is a feelings chart that the clients/patients can use to identify their feelings every hour for 4 hours (Mind over Matter, 2020). The feelings chart consists of 30 words and there is a facial expression accompanying each word. The words on the feelings chart are exhausted, confuse, ecstatic, guilty, suspicious, angry, hysterical, frustrated, sad, confident, embarrassed, happy, mischievous, disgusted, frightened, enraged, ashamed, cautious, smug, depressed, overwhelmed, hopeful, lonely, love-struck, jealous, bored, surprised, anxious, shock and shy (Mind over Matter,2020). After examining the feelings chart for each individual the therapist and the patients/ clients explain their feelings. These feelings are also considered to be warning signs as a persistence of a certain feelings might cause the counselor/ therapist to refer the mental illness individual to a psychiatrist in order to prevent a serious relapse. The feelings chart can also explain and help with coping strategies.

Healthy Eating

What an individual eats directly affects the structure and function of his/her brain and ultimately his/her mood (Selhub, 2018). Diets that contain a high proportion of refined sugars are harmful to the brain. In addition they worsen the body's regulation of insulin and promote inflammation and oxidative stress (Selhub, 2018). Many studies have found a correlation between a diet high in refined sugars and impaired brain function- and even a worsening of mood disorders such as depression (Selhub, 2018). Research has also shown that diet has a positive effect on individuals who have ADHD (Clay, 2017). Using Omega-3 fatty acid as a supplement, whether on its own or in conjunction with psychotherapy saw significant improvements in hyperactivity and impulsivity compared with those who received placebos on their own or with psychotherapy (Clay, 2017).

A healthy diet includes a variety of fruits and vegetables of many colors, whole grain and starches, good fats and lean protein (Crichton-Stuart, 2018). Eating healthy also means avoiding foods with large amounts of sugar and salt. There are small positive ways an individual can improve his/her diet. According to Crichton-Stuart (2018) the ways are:

(a) Swapping soft drinks for water and herbal tea.
(b) Eating no meat for at least one day a week.
(c) Ensuring that there is 50% produce in each meal.
(d) Swapping cow's milk for plant-based milk.
(e) Eating whole fruits instead of drinking juices which contain less fiber and often includes added sugar.
(f) Avoid processed meats, which are high in salts and may increase risk of colon cancer.
(g) Eating more lean protein which can be found in eggs, tofu, fish and nuts.

Mental health disorder patients may also benefit from taking a cooking class and learning how to incorporate vegetables in their meals. Helpful tips about one's diet can also be provided by your medical doctor or dietitian.

According to Crichton-Stuart (2018) and Essential Life Skills (2020) the major benefits of eating healthy rare:

1. Weight loss.
2. Reduced Cancer risk.
3. Diabetes Management.
4. Heart Health and Stroke prevention.
5. The Health of the next generation.
6. Strong Bones and Teeth.
7. Better Mood.
8. Improved memory.
9. Improved Gut Health.
10. Getting a good night's sleep.

The above benefits for eating healthy relates to mental health disorder individuals as well as all other individuals.

Losing weight could help reduce the risk of chronic conditions. An overweight or obese individual has a higher risk of developing conditions such as heart disease, non-insulin dependent diabetes mellitus, pore bone density and some cancers. An individual looking to lose weight should reduce his/her calorie intake to no more than they require each day. A healthy diet free from processed foods is reported to be helpful in allowing an individual stay within his/her daily calorie limit without having to count calories. Fiber, an element of a healthy diet is particularly important for managing weight. Fiber helps to regulate hunger by making individuals feel full for a longer period. Plant based foods contain a lot of fiber.

Not eating healthy could lead to obesity which may increase an individual's risk of developing cancer. Keeping an individual's weight within a healthy range may reduce the risk of cancer. The American Society of Clinical Oncology in (2014) reported that obesity contributed to a worsen outlook for individuals who have cancer (Crichton-Stuart, 2018). Diets rich in fruits and vegetables may help protect against cancer. Researchers have discovered that a diet rich in fruits reduce the risk of cancers of the upper gastrointestinal tract (Crichton-Stuart, 2018). Additionally researchers found that a diet rich in vegetables, fruits and fiber lowered the risk of colorectal cancer and that a diet rich in fiber reduce the risk of liver cancer (Crichton-Stuart, 2018). Phytochemicals found in fruits, vegetables, nuts and legumes act as antioxidants, which protect cells from damage that cause cancer. Examples of

antioxidants include beta-carotene, lycopene, and vitamins A, C, and E.

Eating a healthy diet could help an individual with diabetes. Lose weight-if required, manage blood glucose levels, keep blood pressure and cholesterol within target ranges, and prevent or delay the complications of diabetes. It is very important for individuals who have been diagnosed with diabetes to limit their intake of foods that contain added sugar and salt. It is highly recommended such individuals avoid fried foods high in saturated and Trans fats.

Eating healthy and increase levels of physical activity can prevent the onset of heart disease and stroke. There is evidence that vitamin E may prevent blood clots, which can lead to heart attacks. Foods that contain high levels of vitamin E are almonds, peanuts, hazelnuts, sunflower seeds and green vegetables (Crichton-Stuart, 2018). It is recognized by the medical profession that Trans fats could cause heart related illnesses such as coronary heart disease. If an individual eliminates Trans fats from his/her diet, there will be a reduction in the level of his/her low density lipoprotein cholesterol which is known to cause plaque to collect within arteries increasing the risk of heart attack and stroke. The reduction of blood pressure could also be necessary for heart health, and limiting salt intake to a maximum of 1500 mg/day is highly recommended. Many processed and fast foods have added salt and an individual hoping to lower his/her blood pressure should avoid them.

Children learn most of their health related behaviors from the adults around them, and parents who exhibit healthy eating and exercise tend to pass on such behavior to their children. Eating at home is suggested to be more helpful than eating out. Research has shown that children who regularly eat meals with their families ate more vegetables and fewer sugary foods than their peers who ate less frequently at home (Crichton-Stuart, 2018). Additionally, children who partake in gardening and cooking at home may be more likely to make healthy dietary and lifestyle choices.

A diet containing an adequate amount of calcium and magnesium is necessary for strong bones and teeth, keeping healthy bones are vital in preventing osteoporosis and osteoarthritis in the elderly age. Foods rich in calcium are broccoli, cauliflower, cabbage, tofu, legumes, low-fat dairy products, and canned fish with bones -sardines, salmon-, cereals, and plant based milks which are fortified with calcium. Magnesium can be found abundantly in many foods, but the best sources are leafy green vegetables, nuts, whole grains and seeds.

There is emerging evidence that suggests a close relationship between diet and mood (Crichton-Stuart, 2018; Clay, 2017; Selhub, 2018). Researchers discovered that a diet with a high glycemic load may cause increased symptoms of fatigue and depression (Selhub, 2018). A diet containing a high glycemic load includes one that has refined carbohydrates, such as those in soft drinks, cakes, white bread, and biscuits (Selhub, 2018; Clay, 2017). Whole grains, vegetables and whole fruits are considered to have a lower glycemic load. Although a healthy diet may improve overall mood, it is advisable that individuals with disorders, including depression, seek medical help.

A healthy diet may help prevent dementia and cognitive decline (Crichton-Stuart, 2018; Clay, 2017). The nutrients and foods that protects against the adverse effects of ADHD, dementia and cognitive decline are fish, omega-3 fatty acids, flavanoids, polyphenoids, vitamins D, C, and E along with a mediteranean and Japanese diet that incorporate many of these nutrients (Clay,2017; Selhub,2018; Crichton-Stuart, 2018).

The growing field of Nutritional Psychiatry is discovering that there are many consequences and correlations between not only what you eat, how you feel, and how you ultimately behave, but also the kinds of bacteria that live in your gut (Selhub, 2018). Serotonin is a neurotransmitter that helps to regulate sleep and appetite, mediate moods, and inhibit pain (Selhub, 2018). Because 95% of the Serotonin in an individual's body is produced in his/her gastrointestinal tract and the gastrointestinal tract is lined with millions of nerve cells (neurons), it should be noted that the digestive system don't just help you digest food, but also guide your emotions. Importantly, the function of these neurons- and the production of neurotransmitters such as serotonin-is highly influenced by the billions of "good bacteria" that make up one's intestinal micro biome (Selhub, 2018). These bacteria play an essential role in our health (Selhub, 2018; Crichton- Stuart, 2018). The "good Bacteria" produce vitamins K and B which benefit the colon (Crichton-Stuart, 2018). The resident intestinal micro biome (good Bacteria) protects the lining of one's intestines and provides a strong barrier against toxins, harmful (bad) bacteria and viruses (Selhub, 2018; Crichton-Stuart, 2018). The good bacteria limit inflammation; they improve how well you absorb nutrients from the food you eat, and they activate neural pathways that travel directly between the gut and the brain (Selhub, 2018). A diet low in fiber and containing large amounts of sugar and fat alters the gut micro biome, increasing the inflammation in the gastrointestinal tract (Crichton-Stuart, 2018). A diet rich in vegetables, fruits, legumes and whole grains provides a combination of prebiotics and probiotics that help good bacteria thrive in the colon (Crichton-Stuart, 2018). Probiotics are supplements or good containing good bacteria. Prebiotics are foods that contain compounds that induce the growth or activity of good bacteria. Fermented foods such as yogurt, sauerkraut, kimchi, miso and kefir are rich in probiotics (Crichton-Stuart, 2018).

Fiber is an easily accessible food (prebiotic) and is found abundantly in legumes, grains, fruit, and vegetables. Fiber also promotes regular movements of the bowels which can be preventative against bowel cancer and diverticulitis.

Getting a Good Night's Sleep

Besides sleep apnea there are numerous factors that can disrupt sleep patterns (Crichton-Stuart, 2018). Sleep apnea occurs when the airways are repeated being blocked during sleep. There are also factors that promote a good night's sleep (Sleep Guide, 2019). Sleep hygiene should also be practiced along with a healthy diet in order to get a good night's sleep (Sleep Guide, 2019). Sleep Guide (2019) informed that a good night's sleep includes the following:

(a) An uninterrupted sleep.
(b) A refreshing sleep.
(c) A deep sleep.
(d) A length of time sleeping of 7.5 to 8.0 hours.

A good sleep environment is a dark, cool, quiet, comfortable place (Sleep Guide, 2019). Dark conditions imply that lights should not be used including night lights, and windows should be covered with blinds or curtains. Cool conditions require that the temperature of your room should be cool enough such that a blanket is necessary to keep you warm. If your environment is quiet falling to sleep and staying asleep is much easier. When the noise level in your sleep environment is not controlled by you, you should use ear plugs or a "white noise machine". Your sleeping mattress should be comfortable and support your back and will not leave you sore and stiff in the morning. Two major factors besides sleep apnea that will prevent you from having a good night's sleep are the consumption of alcohol before bed and certain medications (Sleep Guide, 2019). Alcohol may make it easier to fall asleep but it is not a quality sleep, because alcohol fragments your sleep, hence you will not feel well rested even after a full night's sleep -7-8 hrs. that includes dreaming. Some medications and certain herbal remedies prevent individuals from having a good night's sleep because of their side effects. Hence it is important to read the accompanying informational information material with your treatment medication and consult your doctor or pharmacist. Some medications have side effects associated with insomnia. There are five major factors that can make you fall asleep easier namely; have a bedtime ritual; keep a regular sleep pattern; have a light snack before bed; unwind early in the evening; take a warm bath before bed (Sleep Guide, 2019). Unwinding through rest and relaxation also improves and build resilience (Essential Life Skills, 2020). Having a bedtime ritual sends a cue to your body that it is time to settle down and fall asleep. A ritual can as simple as brushing your teeth or reading. Keeping a regular sleeping pattern allows your body's biological clock to take care of your ability to fall asleep and insures that you will be alert during the necessary times of the day. A simple way to set your biological clock is to sit in the direct sunlight for at least 15 minutes just after you awake in the morning. Such a simple process prompts your body to time into the time of the day. Having a light snack before going to bed will allow you to sleep soundly through the night without waking up for hunger pangs. Be careful with the size of the snack, because eating a heavy meal before going to bed will make it difficult to fall asleep. Unwinding earlier in the evening implies that you should take the time early in the evening to relax your body and mind. Falling asleep can be highly improbable if your mind if your mind is racing-working through problems, weighing decisions and reviewing the upcoming or past day. A relaxed body requires a calm, clear mind. Taking a warm bath before going to bed raises your body temperature, and after the bath your body cools off and the effect of cooling makes you sleepy. There are eight recognized conditions that will retard the transition to sleep, namely, staying up late; eating a large or heavy meal before bed; doing things other than sleep in bed; having caffeine before bed; cigarette smoking; exercising right before bedtime; forcing yourself to fall asleep; daytime naps (Sleep Guide, 2019). By staying up too late an individual might get a "second wind" which will make it difficult for him/her to fall asleep even if it is late. Eating a large or heavy meal before bed gives heart burn, indigestion, and the need to urinate which are counterproductive and end up in disturbing your sleep. If you engage in activities other than sleep or sex in bed your brain will stop recognizing cues indicating that the bed is the place for sleep. Hence doing things such as watching television, working, excessive reading, listening to music for a long time etc. should not be done in bed. Having caffeine before bed will impede your transition to sleep because caffeine is a stimulant that keeps you awake. Cigarette smoking will interfere with your body's ability to fall asleep because of the stimulant, nicotine, found in cigarettes. Exercising directly before bedtime is not advocated. Although exercise is healthy and can help you to go to sleep it should be done hours before bedtime. Doing exercise just before bedtime does not allow you to sleep because the natural high produced from exercise will inhibit your ability to fall asleep immediately. If after 30 minutes in bed you cannot fall to sleep, it is advised that you should get up and do something that is not stimulating. It is discovered that forcing yourself to lie there cause frustration and take you even further away from your sleep goal. Day time naps should be avoided where possible because they trigger your body's biological rhythm. Taking day time naps can prevent you from being tired at bedtime and this will encourage you to stay up later. If you do not go to bed (sleep) at a reasonable hour, you might feel tired the next day and opt for a day time nap, which establishes a vicious cycle. If daytime napping is necessary, you should sleep for less than 1 hr. before 3.00 PM (Sleep Guide, 2019).

Eating a healthy and varied diet that provides the body and mind with the nutrients it needs to function at its best builds resilience (Essential Life Skills, 2020).

Organizational Skills and Time Management

Organizational skills and time management are essential skills that mental illness individuals should be taught because they need to overcome a period where everything they needed was done by the case manager, therapist, and counselor and in some cases the social worker. House hold chores for such individuals were also done by workers or volunteers. In order to achieve total independence the mental illness individuals are taught the importance of leaving early so as to arrive at all types of appointments at least 15 minutes early. The mentally disordered individuals are taught to use a daily/weekly/monthly calendar system so that they are aware of the date of the month, track appointments, peer group sessions, medication management-date to get refills on medication-to mention a few. The use of the phone alarm or other technology system as a reminder is emphasized. The alarm system would inform of such things as time to wake- get out of bed; time to go to sleep; time to leave for peer groups, therapy sessions, counselling and more importantly doctor visits. Because the mental illness individuals are being weaned to independent or semi-independent living they are taught to design and maintain a daily/weekly/monthly cleaning routine. Daily chores include sweeping and mopping when necessary, light cleaning of the bathroom, taking out trash, preparing meals, cleaning cooking and eating utensils and counters/table and making beds. Weekly chores should include laundry, cleaning the refrigerator, and the deep cleaning of the bathroom. Monthly chores should include deep cleaning, sanitizing-insect spray, cleaning cupboards, carpet cleaning, tile cleaning, window cleaning etc. Charts/Lists are recommended for personal hygiene-grooming, daily showers, change of clothing and cleaning nails. For any evening routine charts/lists are recommended-preparing meals, volunteering/working, listening to music, relaxation, watching television, peer groups, social groups, medication management-taking prescribed medication (s), exercising etc. The use of charts/lists is recommended but the chores can be interchangeable morning or evening depending on the mental health disorder individual. The idea of such organizational and time management is to make actions habitual and automatic.

Stress Management

According to Essential Life Skills (2020) there are seven solutions to stress management and the associated stress management activities for each solution is mentioned. The solutions and associated techniques are:

(a) Distraction-which techniques that would take your mind off your worries. The stress management activities that are reported to be suitable for distraction are puzzles, games, and creative hobbies, Television programs, watching a movie, reading a book or magazine, chatting with friends, or going for a walk.

(b) Reframing is the associated techniques that helps the individual view a particular situation in a more positive light. The stress management activities that are mentioned to be useful for reframing are CBT techniques (e.g. thought records), talking to a psychiatric professional, talking to a friend or love one, calling a help line and positive affirmations.

(c) Healthy Emotional Release is the activities that allow the individual to express his/her feelings. The stress management activities that are suggested to be helpful for a healthy emotional release are creative hobbies, sports and exercise, poetry, letter writing, music, crying, squeezing a stress ball, rolling limes/lemons, ripping up paper, recycling cans and bottles at the recycling bank and art.

(d) Self-care and self-compassion which is the associated activities that involves the individual taking care of his/herself and showing his/herself kindness. The stress management activities that are reported to be useful for self-care and self-compassion are pampering, healthy eating, positive affirmations, exercise, sleep, being assertive and setting boundaries, complementary therapies, taking medication as it is prescribed, asking for help, getting outdoors and in the sunlight.

(e) Self-Soothing are activities that comfort and sooth the mind and body of the individual. The stress management activities that are found to be helpful for self-soothing are stroking a pet, getting a hug, a warm bath, putting on comfortable clothing, playing with soft toys, drinking warm drinks, deep breathing exercises, and complementary therapies.

(f) (f)Relaxation is the activities (behaviors) that help to slow the breathing and heart rate and make the individual feel calmer. The stress management behaviors that are effective for relaxation are yoga, deep breathing, Tai chi, meditation, mindfulness, complementary therapies, napping, taking warm baths, listening to gentle music, tense and release exercises, fishing, visiting a park or nature reserve, and caring for pets.

(g) Meaningful occupation refers to the practical activities that have a meaning to the individual. The stress management activities that are considered meaningful occupation are doing a little bit of house work, volunteering, performing acts of kindness for others, attending groups, fundraising, working,

studying, writing a letter, gardening and caring for a pet.

Social Skills

The topics discussed above encompass some social skills. Social skills training aims to help clients (individuals) with serious and persistent mental disorders to be able to perform those physical , emotional, social, vocational, familial, problem solving and intellectual skills their need to live, learn and work in the community with the least amount of support from agents of the helping professions (Anthony, 1079). Social skills training is also used to enable individuals to learn specific skills that are missing or those that will compensate for the missing ones (Liberman and Martin, 2019).

The basis for the social skills training used in the “Mind over Matter" program at Order my Steps is derived from social learning theory and operant conditioning (Bandura, 1969; Liberman, 1972). These techniques have been tried, tested and proven to be effective for the full range of human learning and behavior therapy (Liberman and Martin, 2019). The principles underlying social skills training emphasize the importance of setting clear expectations with specific instructions, coaching the individual through the use of frequent prompts, using modelling or various identifications, engage individuals in role play or behavior rehearsal, and offering abundant positive feedback or reinforcement for small improvements in social behavior (Liberman and Martin, 2019).

Trainers give assignments to the participants in the social skills program to practice the skills required in the training situation to the home, workplace, community or other natural environment (Liberman and Martin, 2019). The social skills training also include the teaching of accurate social perception, including the norms, rules and expectation of others with whom the individual will interact (Liberman and Martin, 2019). The cognitive impairments that many individuals experience who suffer from serious and persistent mental disorders severely constrict their ability to learn, remember, and adapt new skills to their own environment (Liberman *et al.,* 1982). In order to overcome individuals' learning disabilities, the skills to be learned must be presented slowly, repetitively, and consistently (Liberman and Martin, 2019). The participants in social skills training should be asked to repeat what has been presented and demonstrated through role plays to show that they have absorbed the material which they have been taught. To counteract memory impairments, social skills should be presented in small chunks punctuated with numerous reviews and frequent positive reinforcement (Liberman and Martin, 2019). In addition to conducting social skills training with individual patients/clients in groups or individually, the same methods have been shown to be very effective and useful in teaching family members to improve their relationships with the mentally ill individuals (Liberman and Martin, 2019). This is particularly important because the emotional temperature in the home, whether it be with the natural family or surrogate family as in the case with residential homes, can be the most important determinant of outcome-for better or worse (Liberman and Martin, 2019). The application of social skills training techniques to family services has been the most widely validated psychosocial intervention for reducing stress related relapse (Falloon *et al.,* 1999).

The major reasons for social skills training are that individuals with serious and persistent mental disorders typically have long standing deficits in their performance of even the most basic roles (Liberman and Martin, 2019). Mental illness individuals are often socially isolated, unemployed, have poor personal hygiene, unable to manage money, and in general lack the skills to live independently. The above impairments and disabilities are often untouched by psychotropic drugs, which can suppress the symptoms and signs of a mental disorder-as long as they are taken-.but no individual has ever learned new skills by taking a pill or monthly injections. Psychiatric treatments tend to be specific, that is, medications are capable of preventing the symptoms and relapse prevention while social skills training are effective in teaching individuals how to live (Liberman *et al.,* 1994). Therefore, the treatment must be bio behavioral with a strong integration of pharmacological and psycho-social services (Liberman and Martin, 2019).

A large body of research supports the capability, importance and usage of social skills for the rehabilitation of individuals with schizophrenia and other serious and persistent mental disorders (Wallace *et al.,* 1980; Halford and Hayes, 1991; Heinssen *et al.,* 2000; Kopelowicz *et al.,* 2002; Liberman *et al.,* 1999; Benton and Schroeder, 1990; Corrigan, 1991; Dilk and Bond, 1996; Muesser *et al.,* 1997; Mojtabai *et al.,* 1998; Muesser and Bond, 2000; Liberman and Martin. 2019). Social skills training is well documented as the treatment technique of choice for helping individuals with serious and persistent mental disorders to acquire skills, durably maintain skills, and successfully transfer the skills to everyday life (Liberman *et al.,* 1994; Liberman *et al.,* 1998; Marder *et al.,* 1996; Glenn *et al.,* 2002; Liberman *et al.,* 2002). The generalization of social skills from the training program to the person's natural living environment has been readily emphasized (Heinssen *et al*., 2000; Liberman and Fuller, 2000).

For social skills training to be effective it is demanded that the trainers be competent and faithful in using the technology of teaching. Competent social skills trainers use active teaching methods such as didactic instruction, modelling, behavioral rehearsal, coaching of desired responses, corrective feedback, contingent social reinforcement, and homework

assignments through questionnaires and assessments to facilitate the acquisition of new competencies (Liberman and Martin, 2019).

All disciplines in the mental health profession, -counseling and rehabilitation professions -therapists etc. have the ability to gain the competence and confidence to be a trainer in social skills (Liberman and Martin, 2019). According to Liberman and Martin (2019) the best way for a new trainer to gain competence is through direct exposure and experience. It should be arranged that the new trainer can serve as a co-therapist to a more experienced and competent colleague who can serve as a role model and instructor.

A typical group training session last between 45 and 90 minutes and can be conducted as infrequently as once a week or as often as once a day (Liberman and Martin, 2019). Liberman and Martin (2019) reported that patients suffering from chronic psychiatric illnesses such as schizophrenia, major depression, bipolar disorder, and severe personality disorders require more intensive social skills training because of the duration and extent of their social disabilities and cognitive and attention deficits. They also suggest that frequent training sessions and between session practices are necessary for severely impaired individuals.

Since "Mind over Matter" social skills training program consists of mainly severely impaired individuals they have a very intense program. Their training program is held five days per week-Monday to Friday-starting at 8.00 AM and ending at 12.00 Noon. Each session lasts 45 minutes with a 15 minute break between sessions. Lunch is served before the clients are released. During the 15 minute break cigarette smoking is allowed for those who desire. The cigarettes are provided by the program. Friday is a fun day at the program where exercise is done, there is listening to music, watching movies and playing games. The "Mind over Matter" social skills training program is in a separate complex away from the living facility of the clients/patients. Because of the frequency of the lessons/ topics, assessments, the setting of goals can be administered slowly, repetitively, with role plays, rehearsals and all other techniques/models associated with social skills training. The graduation time for the program varies according to the individual's need. Not all individuals who graduate from the program move on to independent living, some are reunited with family or assisted living.

Social skills training requires that individuals be reasonably well stabilized on their medication (s), and be able to follow instructions and pay attention to the treatment process (Liberman and Martin, 2019). Evidence shows that social skills training allows the acquisition, durability, and utilization of skills to real life, improvements in social functioning, reduction in relapse rates and hospitalization and an enhanced quality of life (Liberman and Martin, 2019). Patients/clients are provided with a sense of personal effectiveness and a wide range of realistic choices among social, vocational, recreational, and community living situations which they can adequately cope with and enjoy. By learning skills to achieve their own personal relevant goals in life individuals with serious mental disorders are empowered to function more autonomously from mental health professionals (Liberman and Martin, 2019).

Because social skills training aims to improving the patients/clients communication of feelings and needs, as well as the quality of relationships, they all can benefit from the approach (Liberman and Martin, 2019). It should be noted that goals must be tailored to fit the priorities and personal preferences of each individual and the methods must be modified somewhat to ensure that the learning disabilities present among the can be overcome (Liberman and Martin, 2019).

The most common goals achieved by mental illness individuals in social skills training include making friends, starting conversations, asking for help from a professional person (s), succeeding at a job interview, solving family problems, improving marriage or friendship, coping with criticism and anger, and getting discharged from the hospital, mental health clinic, half-way house, or recovery program. Some situations involving person-to-person communication make better goals for social skills training than others (Liberman and Martin, 2019). The decision whether or not to use person to person communication in the setting of goals should be determined by the therapist. However, goals should be attainable, specific, incorporate functional positive behaviors, consistent with the patient's rights and responsibilities, and chosen by the patient. Such goals are reviewed by the therapist/counselor and chosen due to their relevance to the patient's life situation and should be behaviors that occur frequently and can be practiced often. Each goal should be functionally related to the broader long term goal-a kind of stepping stone to reaching the patient's/client's important life goals. Educational objectives selected from the goals for skills training are also be done by making the interpersonal situation clear and realistic by asking the client to specify, "what", "with whom", "where" and "when" will the action take place.

A patient's cultural background is a significant factor in determining the treatment plan and how skills training should conducted. Taking cultural concerns seriously can increase the likelihood that the individual will be successful with social skills training (Liberman and Martin, 2019). Culture is more than just the language used, it will play an important role in determining the outcome expectations of the treatment. It should be noted that in many cultures it is the

expectation for the mentally ill to live in the family home, whereas Anglo-Americans place great emphasis on the mentally ill living independently, or in assisted living or a half-way house.

An individual is deemed to be ready to be graduated from a social skills program once in the assessment of the counselors/therapists and program administrators he/she has satisfactorily completed all modules, tests, assignments, and has reach the behavioral and mental capabilities to live independently, assisted living, half-way house or with family. In other words the mental illness individual has shown satisfactory recovery to leave the hospital, clinic and treatment program to live elsewhere. From the above explanations regarding the effectiveness and success of social skills training it is evident that such training clearly belongs within the broad framework, ideology and therapeutic philosophy of Psychiatric Rehabilitation (Liberman, 1992).

Social skills training can be individualized, with goals for improving personal effectiveness derived from each person's long term and personalized aspirations for role functioning (Liberman and Martin, 2019). Social skills training is mainly done in group sessions. Although each group member has unique self-expectations. A lot of the components needed to be learned are shared. Therefore, each group member will be working on his/her own personal treatment plan and at the same time will be benefiting from the group interaction, opportunities for observing and learning from others, and positive and corrective feedback from group members and therapist/counselor (Liberman and Martin, 2019).

Liberman and Martin (2019) outlined 10 advantages of conducting social skills training in groups compared to individually. There are:

(a) A group, with it's readily availability of social interaction among members, provides multiple, naturalistic and spontaneous opportunities for practicing skills.
(b) The group settings offer a forum for the therapist/counselor to frequently assess patients/clients informally exhibiting their social skills, reflecting progress in training.
(c) The reinforcement of learned skills is amplified by peer feedback, in addition to the therapist's/counselor's feedback. Peer feedback may be more credible than the counselor's/therapist's feedback.
(d) Modeling options are multiplied by the availability of peers who could provide more realistic and congruent models for the patient/client than the therapist/ counselor.
(e) Patients/clients can serve as "buddies" for each other in facilitating the completion of homework assignments.
(f) Motivation to persevere in social skills training is enhanced by the presence of more advanced "veteran" patients/clients whose progress can encourage beginners.
(g) Orientation and favorable expectations for the new clients/patients can be given by the "veterans".
(h) Group cohesion magnifies the positive influence on symptomatic relief that comes from the therapeutic relationship between the patient/client and the therapist/counselor.
(i) Social and performance anxiety can be desensitized when anxious patients/clients observe other group members participate with positive emotions, reinforcement and progress.
(j) Group training of the social skills is more efficient than individual training as 4-8 patients/clients can be led by a single therapist/counselor.

Housing Arrangements for the Mentally Ill

The closing of large scale psychiatric hospitals in the United States of America in 1963 brought about large numbers of individuals with severe mental illness-including major depression, schizophrenia, bipolar disorder-into communities (Bartels *et al.,* 2003; Hudson *et al.,* 2013). Since 1963, adults with severe mental illness have received care in nursing homes, become homeless, reside in the community with their family or informal caregivers, reside in assisted living or board and care homes specializing in the needs of those with severe mental illness (Gilmer *et al.,* 2003; McGrew, 1999). The situation that took place in the United States in America in 1963 regarding the housing for the mentally ill is now a global phenomenon. Because of the advancing ages of this deinstitutionalized population, adults with severe mental illnesses residing in community venues other than psychiatric hospitals, or formal care settings or prisons may lose key care givers or face age related physical or cognitive challenges requiring care beyond their current residential agreements (charter) (Cohen *et al.,* 2003; McGrew, 1999). The choice of an assisted living complex designed to serve adults has become an option for the housing and care of mentally ill individuals (Morgan *et al.,* 2016).

Assisted living communities were developed to care for older adults with limited need for support and oversight in a less medically focused environment than that of a nursing home (Becker *et al.,* 2002; Chapin and Dobbs-Kepper, 2001; Wilson, 1990). Research has shown that not all assisted living communities have a full time licensed nurse on staff (Beeber *et al.,* 2014; Hawes *et al.,* 2003). Whether it is intentional or not, many assisted housing communities also house individuals with severe mental illnesses (McGrew, 1999). Not long ago, multi-state studies in the United States of America of assisted living communities have shown that aging in the place has resulted in higher

acuity resident populations, increasing the demands on the care staff and affecting the quality of care (Caffrey *et al.,* 2012; Harris- Wallace *et al.,* 2011; Hawes *et al.,* 1999; Morgan *et al.,* 2001). The addition of individuals with severe mental illnesses to the resident population of assisted living communities, with their greater requirements for medical and behavioral supervision, further challenges assisted living communities' "social model" of care, intended to provide greater privacy and autonomy (Hudson *et al.,* 2013; Wilson, 1990). While some United States of America health experts advocate assisted living as a useful option for the care of adults with severe mental illnesses, neither the assisted living community staff nor their other residents are prepared for their presence (Becker *et al.,* 2002; Cohen *et al.,* 2003; McGrew, 1999; Rosenblatt *et al.,* 2004). Insufficient staff training and poor screening at admission for mental illness in assisted living communities have been the cause of challenges to the care and quality of life for such individuals in the assisted living communities (Dobbs *et al.,* 2006). Other notable challenges that affect individuals with severe mental illnesses in assisted living communities are their use of multiple medications and their unmet needs (Cadena, 2007). Another troubling concern is the stigma associated with mental illness and the name calling and avoidance of those individuals with mental illnesses. Challenges are created for the assisted living communities' staff because individuals with mental illnesses have diverse needs (Morgan *et al.,* 2016). Like many U.S experts I believe that assisted living communities are a viable option for individuals with serious mental illnesses-all ages. I am stating this because the program " order my steps" which is part of a recovery program has all mental illness individuals in a temporary assisted arrangement which last from 3 months to 5 years on average. At "order my steps" program there are males and females housed separately with little or no mixing. There is a full time trained psychiatric nurse, trained nurse technicians in psychiatry, a medical nurse, an on call psychiatrist and a strong affiliation to a psychiatric clinic and hospital. In the program there is great harmony among the males with a small number of aggressive acts. When aggressive acts occur they are easily brought under control by the trained staff. The females also behave in a similar manner in their complex. When mixing occurs there is mutual respect between the males and females and the males and females are seated separately. There is seldom name calling or disrespect because all the clients have some sort of mental illness. For those individuals who have in additional to mental illness underlying physical and chronic diseases such as high blood pressure, diabetes, or cardiac disease there is a visiting primary care physician two days a week. There is also a dentist who attends to the dental needs of the clients.

Since such a program has shown to be very effective for clients for up to 5 years, I suggest that a lifelong assisted living community set up according to "order my steps" model would be adequate for the care and quality of life for individuals with mental illnesses. Medication in such a complex would be given through the psychiatric nurse technicians. This ensures that the clients are taking their medication. Injections are administered by a trained nurse and all medications are given at the times prescribed by the medical professionals.

Needed Civil (Government) Services to Augment Mental Illness Treatment Plan, Community Re-entry, and Assisted Living Conditions

When individuals with severe mental illnesses have been sufficiently stabilized both medically and behaviorally, they are normally placed on an outpatient status with a clinic, hospital or private psychiatrist. Such individuals often live independently, assisted living, or with family members-community re-entry. In this regard there must be continued mental care and medication management. For these individuals there must be supportive Civil (government) services. These supportive government services are:

(a) **Child care services:** Some individuals with mental illnesses have school age or day nursery age children. If such individuals are fortunate to gain employment day care services will be necessary, particularly if such individuals are single parents. Other situations where child care services would be necessary are attending appointments, peer group sessions or NA/AA meetings. Such services should be free or have a very minimal fee. Government operated children's homes should be available to take care of the children-similar to foster care-if the mentally disordered individuals are deemed unable to rare them.

(b) **Vocational services:** Some mentally disordered individuals are deemed competent to work, but do not have the basic skills to work. Because such individuals can be trained they should be available government funded technical/vocational schools where they can enroll and pursue the skills/trade of their choice. Additionally, such vocational services should offer job placement. A cookery class could be included to teach the individuals to prepare balanced meals. When clients/patients at "order my steps" program attend vocational programs they are allowed to be helped with their homework assignments by other clients who were successful in their vocational skills.

(c) **Continuing mental health services:** Because most individuals with mental illnesses require long term or lifelong psychiatric care and sometimes require psychotherapy even when such individuals are released from the hospital, clinic, or recovery program they should have access they should have access to all the components of mental illness care. Such a service should allow for doctor visits, free or low cost medication, access to a mental illness help line, peer groups in commonality to their

behavior and mental conditions. A case manager or social worker should be provided where necessary.

(d) **Medical services:** All the medical services used by individuals who do not have mental disorders should be made available free or at a very low cost to individuals with mental illnesses. It is not uncommon for individuals with mental illnesses to have chronic conditions such as diabetes, high blood pressure, cardiac disease or suffer strokes. These chronic diseases need to be treated through doctor visits or in a general hospital or a medical clinic. Physical checkup annually are also recommended for mental illness individuals. Dental (oral) services should also be available. Again such services should be government run or subsidized.

(e) **Educational Services:** Mental illness individuals should have the same privileges to attend community colleges, universities, and any professional program that would enable them to enter the work force. That is, if their diagnosis is not disable. All mental illness individuals should be exposed to the literature that is available about their diagnosis. Education about the diagnosis of the mental illness individual should also be taught or given in literature to family members, spouse, support group, or surrogate family. Mental illness individuals should be informed of the educational opportunities available to them.

(f) **Legal services** A significant portion of individuals who are diagnosed with mental illnesses have some sort of legal problem. The legal problem could be associated with narcotics abuse, or alcohol abuse. In regard to narcotics, the legal problems comprise of such charges as possession of narcotics, sale of narcotics or both, burglary, and the possession of fire arms or deadly weapon. It is not uncommon for mental illness individuals to be charged with trespassing. For all charges, a defense is necessary through a public defender in most cases. A probation officer should be available to monitor the mental illness individual's behavior and the legal conditions associated with the case once the individual is released from jail and the case is on trial. The probation officer and the public defender keeps the mental illness individual up to date on trial dates. Legal services are also required to inform mental illness individuals of their rights as citizens in treatment, and the privacy disclosure.

(g) **Financial services**: Not all mental illness individuals have insurance or are wealthy enough to pay for their services. Therefore, financial assistance is necessary for most of them. Some countries give such individuals temporary cash donations to supplement their income due to the loss of a full paycheck because of their hospitalization. The money is often used to pay bills such as phone and electricity. Sometimes, some of the funds are used to purchase food. Some individuals need financial assistance throughout their lives due to unemployment because they lack employ- ability. Others need temporary financial assistance until their re-enter the work force. A check similar to the welfare program is normally given to such individuals.

(h) **Housing and Transportation services**: The largest expense for mental illness individuals is normally rent/mortgage. Since some individuals are homeless, they are placed in a program until they receive benefits for independent housing, assisted living or half way house. They are usually placed in government housing where the rent is normally lower than private housing. In situations where the mental illness individual is living in a non-government housing they are given a subsidy that would lower their personal contribution to the rent, thus making the housing affordable. Even mental illness individuals who are working have access to housing assistance because the rent is normally a burden due to their low incomes. Housing should be affordable, safe and drug free. Transportation should be made available to all mental illness individuals to attend to their health care, counseling appointments and work if necessary. There is usually a city service that transports individuals with mental illnesses to their appointments; however, this normally covers a 5-10 mile radius from the clinic or hospital. For those individuals who live beyond the 5-10 mile radius they are given free bus passes so they can attend appointments. Some insurance provide free rides to medical appointments. Working individuals are normally given weekly or monthly, free or subsidized bus passes for the public transportation. The information about housing and transportation is based on what occurs in the United States of America, a developed country.

(i) **Family services**: Mental illness not only affects the individual in the treatment program but also family relationships. Hence, the family should be involved in the medication and therapy sessions. Family therapy could involve educating the family about the mental disorder and its psychological, medical, and behavioral effects, or it may actively engage all family members in psychological therapy to address how family relationships may be affected by the individual's mental disorder. Wherever possible the family should be involve and made aware of the pharmacology, psychotherapy, treatment plan and the necessities for continued psychiatric care of the client/patient with mental illness.

(j) **HIV/AIDS services**: When mental illness individuals are diagnosed with HIV/AIDS there are required to be housed differently from other mental illness individuals. Hence they should be separate services dealing with individuals who have HIV/AIDS.

The Menu

The menu for mentally ill individuals comprises of meals that ensure healthy eating, aids in recovery, be conscious of individuals with high blood pressure (hypertension), diabetes, cardiac disease, and the cultural eating habits of the individuals, vegetarian diets and food allergies. Vegetarian diets and meals for individuals with food allergies are prepared separately.

General Menu-psychiatric clinic/hospital-Personal observation (2019)

3 meals and Snacks before bedtime.

Breakfast

- Cereal-oatmeal, grits, cornflakes, Barley, or cream of wheat
- Protein- eggs, ham, sausage, bacon, or cream cheese
- Carbohydrate-Bagel, toast bread, pancakes, waffles, banana bread or French toast
- Beverage –coffee, milk, tea, milk, fruit juice, apple juice or orange juice
- Fruit-banana, orange, apple, mandarin

Lunch

- Soup-mixed vegetable, chicken noodle, lentil, beef soup, cream of mushroom, meat ball, chicken and vegetable.
- Protein-beef, chicken, pork, fish, meatloaf, turkey, ham, mincemeat.
- Carbohydrate-rice, sweet potatoes, Irish potatoes, spaghetti, pasta, macaroni, corn meal
- Vegetables-broccoli, mixed vegetables, sweet peas, cabbage, spinach, carrots, beets, beans, lettuce, asparagus, Busch's baked beans
- Beverage-ice tea, milk, orange juice, fruit juice, Kool-Aid, apple juice.
- Dessert- apple sauce, ice cream, yogurt, bread budding, fruity jello, pine apple, sweet pears, antelope, water melon
- Fruit-apple, orange, banana, mandarin, grapefruit.

Dinner

- The dinner menu is similar to the lunch menu, but care is taken not to serve the same foods for lunch as for dinner.
- Soup-meatball soup, mixed vegetable soup, lentil soup, chicken noodle soup, cream of mushroom soup, beef soup, chicken and vegetable soup.
- Protein-beef, chicken, pork, fish, meatloaf, turkey, ham, mincemeat.
- Carbohydrate-rice, sweet potatoes, Irish potatoes, yams, spaghetti, pasta, macaroni
- Vegetables-mixed vegetables, broccoli, sweet peas, cabbage, carrots, beets, beans, lettuce, tomatoes, asparagus, Busch's baked beans, spinach
- Beverage-ice tea, milk, orange juice, apple juice, fruit juice (punch0, Kool-Aid
- Dessert-apple sauce, ice cream, yogurt, bread pudding, fruity jello, pine apple, sweet pears, cantelope, water melon.
- Fruit-apple, orange, banana, mandarin, grapefruit.

Bedtime Snack

- Orange juice, apple juice, cheese crackers, potato chips, cookies, peanuts, bagels with cream cheese or peanut butter, apple or banana.

General Menu for a half-way house/assisted living

The menu for diabetes care, individuals with hypertension, cardiac disease and food allergies are taken into consideration when preparing meals.

Breakfast

- **Cereal-** grits, oatmeal, corn flakes.
- **Protein-** egg, sausage, bacon, ham, cheese.
- **Carbohydrate-** bagel, pancakes, waffles, toast, English muffins, hash brown.
- **Beverage-** coffee, tea, milk, fruit juices, apple juice, orange juice, grape juice.
- **Fruit-** apple, banana, orange, mandarin, grapes.

Lunch

- Prepared by clients mainly-Microwave or oven used where necessary.
- Main course- frozen foods (a variety)-contains proteins, carbohydrates and vegetables. Meat sandwiches, beef patties, chicken patties.
- Beverage-orange juice, fruit juice, apple juice, Kool-Aid, grape juice.
- Dinner
- Protein-beef, chicken, pork, fish, meatloaf, turkey, ham, mince meat
- Carbohydrate-sweet potatoes, rice, Irish potatoes, spaghetti, pasta, macaroni
- Vegetables-mixed vegetables, broccoli, sweet peas, cabbage, carrots, beets, lettuce, tomatoes, spinach, asparagus, Busch's baked beans, black beans, kidney beans
- Beverage-soft drinks, orange juice, apple juice, Kool-Aid, grape juice.
- Dessert-a variety of cakes, ice cream, yogurt
- Fruit-tan dew melon, pineapple, red grapes, orange, banana, apple, mandarin, sweet pears.

Bedtime Snacks

- Potato chips, peanut butter sandwiches, cheese sandwiches, cookies (an assorted array), cheese Danish, honey buns, orange juice, fruit juices, apple juice, .
- It is not unusual for hamburgers, chili dogs, or sausage on a bun to be served as a main

course-lunch or dinner in both housing locations. A pickle is normally served with such meals in addition to vegetables. The menu should be such that there is a rollover of the meals after two weeks (South County Mental Health Clinic, 2019).

Independent Living

Mental illness individuals who live independently have to prepare their own meals. It is their responsibility to prepare and eat healthy meals and take into consideration any physical or chronic condition they may have. Because many individuals are not capable of preparing meals using the conventional methods, they opt for frozen foods that are microwaveable or can be prepared in the oven. Although mental illness individuals are taught theoretically what healthy eating requires, many of them do not attend cookery classes that would teach them how to prepare meals. I therefore, recommend that all mental illness individuals regardless of their living arrangements that would teach them the fundamentals of preparing healthy meals.

Therapy sessions

All therapy sessions should serve some sort of food depending on what hours of the day the group sessions are taught. At “mind over matter” therapy program which starts early in the morning the clients are given coffee and donuts. A lunch consisting of a variety of sandwiches are served and in some cases heavy meals. About once every two months the clients are taken to buffet restaurants where they have lunch. Lunch is normally served before the clients go home.

CONCLUSION

Mental illness is a leading cause of disability, poor quality of life and reduced productivity (McManus *et al.*, 2009; Mayo Clinic, 2019). A disability is any condition of the body or mind (physical or mental impairment) that makes it more difficult for the individual with the condition to perform certain activities (activity limitation) and interact with his/her worldly environment (participation restriction) (Fox, 1999). In the medical analysis of disability the condition is viewed as a medical or biological difficulty (Panado and Dahn, 2005). The mental wellbeing of individuals is directly connected to their overall physical health (Gustafson, 2017). Just as it is important to have a physical body check up by a primary care provider (general practitioner), it is just as important to have a mental health check up by a psychiatrist (Gustafson, 2017). This checkup, called an assessment, includes an overview of the individual's symptoms and a determination of whether or not medication is a good option in the treatment of the individual’s mental health. It is now common for depression screening to be part of an individual's annual checkup.

Based on the assessment, a diagnosis is made and a treatment plan is designed with the patient the clinic (Gustafon, 2017; South County Mental Health Center Inc., 2019). In the best interest of the patient, medications should be discussed and education should be provided on the actions, uses, and side effects of the suggested medication option. When the patient agrees on a medication and treatment option-through signature-the medication is prescribed for a trial period to observe its effectiveness (South County Mental Health Center Inc., 2019). This process is the "medication management" aspect of the psychiatric care. The effectiveness of the medication is monitored over time (2-3 months) in clinic to determine if the treatment meets the patient's goals (South County Mental Health Center Inc., 2019). Sometimes it is necessary for the patient to be treated at the clinic on an outpatient basis when the medication is still on the trial basis because there are not enough rooms or it takes longer the three months to determine the right and most effective medication (South County Mental Health Center Inc., 2019). The finding of the right medication and treatment plan to improve the patient's mental health is done over time through careful monitoring and ongoing discussion (Gustafson, 2017; South County Mental Health Center Inc. 2019).

Medications are often utilized at the same time as other forms of treatment such as counseling, life management skills (social skills) and behavioral therapies (Gustafson, 2017; South County Mental Health Center Inc. 2019; Mind Over Matter, 2020; Order My Steps; 2020). When individuals are admitted to a mental health clinic or hospital care should be taken in determining the living arrangement of the client/patient on discharge. South County Mental Health Center Inc. (2019) have a unique situation where within the treatment plan the social worker contact family to determine if it is a good option for the client to be united with them or not. If the client/patient cannot live with family or friends and is deemed homeless or was admitted from a homeless situation he/she is released in the care of assisted living, a therapeutic program, a half-way house, or independent living with the necessary financial assistance to get started. Therapeutic programs such "Order My Steps" and Mind over Matter" is used. Therapeutic programs are used when in the opinion of the psychiatrist and other psychiatric care providers psychotherapy and social skills training are necessary for the rehabilitation of the patient before release to family, Assisted living, half-way house or independent living.

Research has shown that in order for any mental health disorder treatment to be successful the client/patient must be aware of or admit the following (Mayo Clinic, 2019):

(a) He/she has a mental illness.
(b) Medication and/or psychotherapy are necessary.

(c) The treatment required is not short term, that is, it is long term or lifelong.
(d) Relapsing is possible
(e) Life style changes are often necessary.

The explanations and teachings outlined in this review article are based on the literature and the treatment plan, assisted living conditions, psychotherapy and social skills training as performed by South County Mental Health Center Inc, 2019; Order My Steps Program, 2020; Mind over Matter, 2020). "Mind over Matter" and "Order my Steps" are both associated with Order My Steps Corporation which promotes sober living. Order my Steps program is a program for mental illness individuals who are drug abusers, have legal problems, have mental illness only, or homeless with a mental illness. The program is mainly an assisted living arrangement although there is independent living on a different complex owned by the corporation. A compulsory meeting in the order my steps program is that of Narcotics Anonymous/Alcoholics Anonymous (NA/AA). This program's NA/AA meeting is unique. Sessions are held three days per week (Monday-Wednesday-Friday) for 30 minutes each session. The sessions are led by a member of the program and sometimes the psychiatric nurse technician. My personal observation is that the teaching/discussion arrangement used by order my step program creates more participation and openness than observed when a train therapist leads the meetings. This is probably due to the degree of comfort, low anxiety, and the familiarity of the clients/patients with each other and their staff psychiatric nurse technician. When NA/AA meetings are held at order my steps program both males and females attend the same session. The females sit in the front section of the court yard with a separation of 4 feet between males and females. The males are seated in the back section of the courtyard.

Order my steps program is based on the 12 steps to recovery of Narcotics Anonymous World Series Inc. (1988). Individuals are deemed to have graduated from the order my steps program when they have shown to the program manager, the executive director, and the psychiatrist that they are capable of re-enter the community with little chance of relapsing. In addition to the NA/AA meeting there is a spiritual awareness (Bible study) 3 times per week -Monday-Wednesday-Friday-for a duration of 30-40 minutes. Spiritual awareness is also led by one of the clients each session and there is no preacher or pastor involved. This is important because for centuries religion have been used as a converting tool to change the behavior and practice of individuals. Spiritual awareness is not compulsory at order my steps program and the clients/patients males and females are allowed to mix similar to the church setting. In this regard my personal observation is that there is mutual respect for each other. Spiritual awareness also builds resilience (Essential Life Skills, 2020).

Besides religion cognitive behavior therapy can change the thoughts (thinking pattern) and actions of individuals. Cognitive behavior therapy is a sort of talk therapy. It has been shown to have a positive effect on mental health disorder patients to make changes (Hoffman *et al.*, 2012). The cognitive behavior theory approach is divided into five main areas, namely, situation thoughts, emotions, physical feelings, and actions (Royal College of Psychiatry, 2013). This therapy could stop the negative cycle many individuals might find themselves in and allow them to manage their conditions better (Mental Health Foundation, 2016). Cognitive behavior therapy in addition to altering behaviors can cause an increase in the levels of physical activity by doing things which are likely to give pleasure and feelings of achievement (Martensen, 2008).

Prochaska and Diclemente's (1982) developed a behavioral change cycle that outlines the following stages:

(a) **Pre -Contemplation-** A logical starting point for this model, where there is no intention of changing behavior and the person may be unaware that there is a problem.
(b) **Contemplation-** The individual becomes aware that there is a problem, but has made no commitment to change.
(c) **Preparation**- The individual is intended on taking action to correct the problem which usually requires a buy in from the individual that he/she believes that he/she can make a change.
(d) **Action-**The individual is in active modification of behavior
(e) **Maintenance-** Sustained change occurs and new behaviors replace old ones. Per this model change is also transitional.
(f) **Relapse-** The individual falls back into old pattern of behaviors. There is an upward spiral which suggests that each time the individual goes through the cycle, he/she can learn from each relapse and hopefully grow stronger so that it is shorter or less devastating.

Another addendum to the cycle is termination where after new behaviors have been accomplished and after a period of maintenance the individual is deemed competent to live with new behaviors and treatment is suspended. However, it should be emphasized that relapse is possible and old behaviors return. The change of behaviors can be accomplished through cognitive behavior therapy or indoctrination through religion.

The unique situation of order my steps program could be expanded from temporary to life long and would serve as a good model for the treatment, care and enhanced quality of life for mental illness individuals. This is particularly important since there are no assisted living community that is geared towards

mental illness individuals only and the mixing of mental health individuals with others who do not have mental illnesses have created challenges for the workers in regular assisted living communities with poorly trained staff to care for the mentally ill. This along with the stigma associated with mental illness, the lack of acceptance of other clients/patients in the assisted living community, and the need for more individual attention for mentally ill individuals, and the lack of readiness of assisted living communities to accept individuals with mental illnesses has led to a poor quality of life for the mentally ill. Mentally ill individuals in such situations are reported to live in isolation with little or no mixing with other clients. Educating the community about mental illness could reduce the stigma characterized in the community about mental illness and enable a better treatment, respect, and inclusion of individuals with mental illnesses.

When individuals through their treatment plan require psychotherapy and social skills training they are enrolled in the mind over matter program. The psychotherapy is taught by trained therapists mainly in group sessions or in rare instances individual therapy. This is in accordance with research which has shown that group sessions for psychotherapy (talk therapy) are more advantageous than individualized therapy. When individual therapy is done at "mind over matter" program it is normally done to talk goals and decide on the best goals achievable by the client/patient.

Social skills training is done through modules found in the literature that are widely available, as well as topics found to be necessary through practice that would enhance the client's/patient's advantage of community reentry, living conditions and quality of life. One social skill that is often lacking in social skill training is the cookery class. This can be achieved through vocational training funded by the government. Facilitating the generalization of social skills training could be done through repeated practice and over learning (Liberman and Martin, 2019). Therapists/counselors should select specific, attainable, and functional goals for homework assignments and provide positive feedback for the successful transfer of skills to real life (Liberman and Martin, 2019). The individuals/clients should be prompted to use self-evaluation and self-reinforcement. When individuals/clients have been determined to successfully completed social skills training there should not be an abrupt ending but there should be a fading out of the structure and frequency of the skills training. Through the advocation with care givers and significant others, one can program the natural environment for generalization (Liberman and Martin, 2019).

The durability of the social skills taught to individuals/clients depends on the opportunities to practice such skills and reinforcement as they are used in everyday life (Liberman and Martin, 2019). Booster sessions can promote retention and social skills can be generalized to non-treatment environments and to other areas of functioning. Family members and other natural caregivers, or members of support group can be trained to promote durability and generalization of the social skills learned in the clinic, private office, mental health center, or psychosocial self-help program (Liberman *et al.,* 2002; Tauber *et al.,* 2000). Not all individuals who graduate from the social skills program would be able to work but most are normally capable of volunteering. Both work and volunteering have positive benefits for the mental illness individual. They improve cognitive thinking, are a form of exercise, and improve self-esteem, self- value and self-worth-a sense of belonging. A basic human need is to be valued, seen and appreciated (Amodeo, 2018). Work and volunteering, in addition to meeting new friends, provides a change of environment, can improve communication skills, and induce happiness. With proper treatment, self-help, and support many individuals with mental illnesses are able to manage their symptoms, live and work independently, build satisfying relationships and enjoy a rewarding life (Personal Observation). Having a mental illness does not necessary equate to a short life span, since some individuals suffering mental illnesses are known to live over 80 years with proper care and a good quality of life (Personal Observation). The quality strategy means that the health services should be safe and effective, but most importantly be person centered due to the commitment make by the patient/client to be successful (Young, 2007).

There are health inequalities in all populations worldwide. Mental illness is probably the health condition with the greatest inequality, The World Health Organization (2016) describes health inequalities as “differences in the health status or in the distribution of health determinants between different population groups". The mental health of individuals are associated with determinant factors such as differences in life style, income, housing, employment, access to health care and other services, individual circumstances, and their behaviors such as diet, smoking status, alcohol intake, drug use and exercise level. Because of the size of the issue, tackling and reducing mental health inequalities should not be addressed just by health services. Community planning partnerships are necessary to bring all relevant bodies such as the health department (mental health). Education department, welfare department, financial department, legal department, housing and transportation department, child care department, family and children department, medical profession and the voluntary sector together. Reducing the mental health inequalities will increase the life expectancy and improve mental health in mental individuals in deprive areas. In most countries there is a geographical inequality in mental health treatment among the population. It is highly unlikely that mental health inequalities will decline if substantial progress on

reducing the economic and demographic inequalities is not achieved.

Order my steps program bridges the economic and demographic inequalities by ensuring that its clients receive all the financial benefits necessary through welfare (government) assistance, and make certain that every client has an equal opportunity in receiving a quality mental illness care regardless of his/her social standing or region of origin. However, it should be emphasized that most of the clients in "order my steps" program are from deprived areas. Fortunately, because the leadership of "order my steps" program is well accepted and recognized by all government agencies that deals with assistance and that the program is applauded for its success rate all the clients receive quality care through a combination of public and private psychiatrist, trained psychiatric staff, a personal care physician, food assistance and the fees are lower in many cases than the financial assistance that the clients receive monthly. Homeless individuals with mental illnesses are admitted to the program because they normally require rehabilitation, through psychotherapy and social skills, and in particular medication management life skills. Often homeless mentally ill individuals are needed to be weaned into house hold living, chores associated with living a closed environment (assisted living, independent living, reuniting with family or a half house. The respect and success rate of the "order my steps" program is such that most of its clients are court ordered with a mental illness.

Maslow's hierarchy of needs explains that individuals are motivated to achieve certain goals and the mentally ill individuals are no exception. In this hierarchy, there are five stages going from the bottom upwards in a triangular pyramid formation. The lowest level (1) deals with the psychological needs, level (2) deals with safety, level (3) deals with love and belonging, level (4) deal with esteem and level (5) deals with self-actualization. Maslow's hierarchy of needs is a motivational theory in psychology that models human needs. The lower level basic needs have to be achieved before the individual progresses to the next level. However, various life situations hinders the progression from lower level needs (Fox, 1999).

The majority of homeless mentally ill individuals are still seeking to achieve their psychological needs such as food, water, shelter, warmth and sleep. When these needs are met the housed mentally ill individuals look at the issue of safety (level 2) which relates to being safe and protected in the therapeutic and living environments. Such individuals are less fearful of their surroundings. The 3rd stage/level of Maslow's hierarchy of needs is love/belonging. The love can be achieved through deep and reciprocal affection between individuals. Belonging is a sense of recognition for good performance in the work place, volunteering and acceptance in the community. Hence, such individuals have a sense of value and self-worth. This brings self-awareness to the individual and increased confidence. Stage/level (4) deals with esteem which relates to respect and admiration for a person and thinking well of the individual as well as the self- centered ideology of thinking well of one-self and self-respect. Such an individual is now ready for the 5th stage/level in Maslow; s hierarchy pyramid which is self-actualization. This relates to the realization, achievements, fulfillment, or actualization of set goals. Despite the fact that the goals might have been achieved through small steps their realization is acceptable. Mentally ill individuals once they have achieved all goals necessary for community reentry they are released from clinics, hospitals, and treatment programs to the living arrangement deemed best for their situation.

Life skills requires the distinction between needs and wants, But is can be considered prioritizing your budget for money management. A need in this regard is something you need to have in order to live, for example, food, shelter and clothing. Transportation is also a need since individuals have to get from place to place. The transportation could be public, private or personal. All requires money to get the individual from place to place. Another need is grooming and hygiene supplies, for example, toothpaste, soap, hair products, deodorant etc. Medicine is an important need for mental illness individuals since it is necessary in their treatment plan. A "want" is some commodity you would like to have but do not need. Examples of "wants" are desires for pleasure, material things-such as a bicycle, since you can exercise differently and use public transportation. Toys, video games and an IPod are also considered "wants". Needs spending should be done before "want" spending, and it is best to save separately for "want" spending.

"Order my steps" program teaches the mentally ill individuals to prioritize (differentiate between their needs and wants by allowing them to shop freely with a standard budget each month. Individuals who attend the "mind over matter" program are taught the fundamentals of writing a shopping list and individuals are encouraged to account for their needs first, then some of their wants. Sometimes left over money is not enough to purchase significant "wants" but they are allowed to save monthly until enough money is in their accounts to purchase significant wants. Additionally, clients in the "mind over matter' program are encouraged to save some portion of their shopping budget for recreational usage, hard times, and to ensure a larger check when they are released from the program. Each client at "order my steps" program has his/her own account where a portion of the income (benefits) check is set aside to help them with housing and other necessities when they are discharged from the program.

Nowadays, there is a resurgence of plant medicine for treating all types of health related problems. Plant medicine is known to give fewer side effects than chemical pharmaceuticals. I, therefore recommend that wherever possible plant medicine should be incorporated with pharmaceuticals or used instead of pharmaceuticals.

It is evident from the information provided that a broader emphasis should be placed on what happens to the mentally ill individual when he/she leaves the clinic/ hospital. Therefore, the treatment plan should extend beyond medication management, life skills, and psychotherapy to include a safe place for the individual to live (living arrangement). A safe place does not mean any location that would take them from the clinic/ hospital.

In order to increase the availability of mental health services there are 5 key barriers to overcome (Nice, 2011). These barriers to be overcome are:

(a) The absence of mental health from the public agenda and implications for funding.
(b) The current organization of mental health services.
(c) The lack of integration of mental health within primary care
(d) Inadequate human resources for mental health
(e) The lack of public mental health leadership.

Governments, donors, and groups representing mental health users and their families need to work together to increase mental health services, especially in low and middle income countries (Nice, 2011). The pharmacology, psychotherapy, social skills, government services needed, programs offered, and education as outlined in this review should serve as guidelines for the treatment of mentally ill individuals in all countries developed and undeveloped. It is time to stop the demonetization of mental illness and treat the condition in the same regard as other medical illnesses. With an estimated 20% of the world population now be diagnosed with some sort of mental illness annually it is time for continual research, improve services and improve funding for mental health globally.

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