



Anosognosia

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What is Anosognosia?

A neurological condition rendering a person unable to recognize their illness

A symptom of severe and persistent mental illness

Believed to be caused by damage to the right parietal lobe

What it is NOT:

- A denial due to ego, stigma or stubbornness
- Manipulation
- A choice



What does the DSM-5 Say?

Page 101, under Schizophrenia Spectrum Disorders:

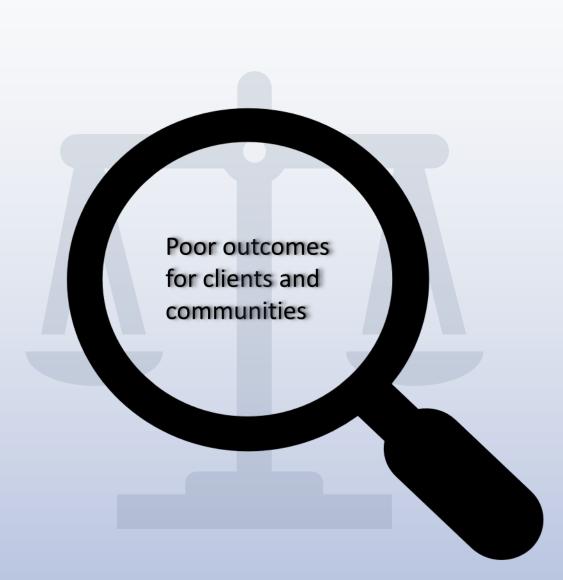
"Some individuals with psychosis may lack insight or awareness or their disorder (i.e., anosognosia). This lack of insight includes unawareness of symptoms of schizophrenia and may be present throughout the entire course of the illness. Unawareness of illness is typically a symptom of schizophrenia itself rather than a coping strategy. This symptom is the most common predictor of non-adherence to treatment, and it predicts higher relapse rates, increased number of involuntary treatments, poorer psychosocial functioning, aggression, and a poorer course of illness."

"Anosognosia is the most common predictor of nonadherence to treatment."

Why Does it Matter?

One of the greatest barriers to treatment

- High prevalence with SMI
- Poor quality of life
- Highest cost and highest needs individuals
- 10% the highest level of care is not keeping them housed



Signs of Anosognosia

- A firm belief they are not ill
- Refusal of medications and mental health treatment
- Unable to notice symptoms, even when pointed out
- Confabulation
- Confusion, frustration, irritation
- Refuse to talk about symptoms or condition
- Acknowledge some symptoms of illness
- Suggest they are being gaslighted
- Self-medicating
- Short and long-term memory impairments
- Poor psychosocial functioning



Assessment Instruments

- Scale to Assess Unawareness of Mental Disorder (SUMD)
- Beck Cognitive Insight Scale (BCIS)
- Insight and Attitudes Questionnaire (ITAQ)
- Schedule for the Assessment of Insight (SAI)
- Patient's experience of Hospitalization (PEH)
- Positive and Negative Syndrome Scale (PANSS) G12



What Can We Do?

Learn new ways to connect!

- Do not try to convince the person they are ill
- Listen to learn, without judgement
- Strategically empathize with emotions
- Reflect what you heard them say
- Find common ground, what are their goals? What can you work on together?
- Build mutual respect and trust
- Collaborate on THEIR stated goals



Evidence Based Modalities

Medications combined with talk therapy

- LEAP
- Motivational Interviewing, especially when combined with Cognitive Behavioral Therapy
- Motivational Enhancement Therapy
- Socratic Motivational Practice



Blue Team Initiative

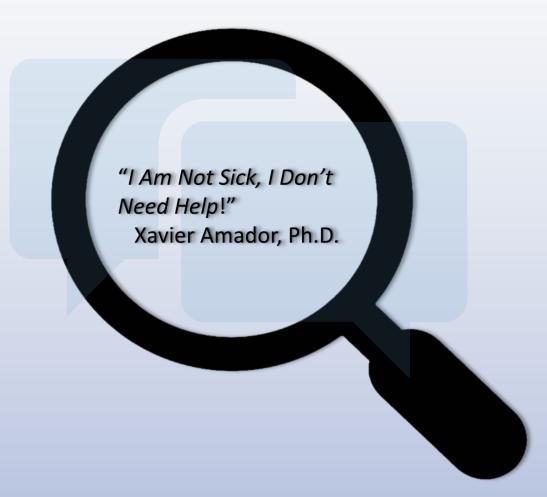
Goals:

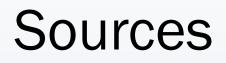
- Design a system that is client/human centered
- Decrease arrests/recidivism
- Reduce psychiatric inpatient hospitalizations
- Decrease ED visits
- Increase safe and stable housing/retention rate
- Reduce shelter usage



Resources

- Anosognosia Coalition
- Schizophrenia and Psychosis Coalition
- NAMI
- Henry Amador Center on Anosognosia
- "I Am Not Sick, I Don't Need Help!"
- TED Talk: I'm Not Sick, I Don't Need Help! | Dr. Xavier Amador | TEDxOrientHarbor





<u>Awareness of illness in schizophrenia and schizoaffective and</u> <u>mood disorders - PubMed (nih.gov)</u>

Anosognosia - StatPearls - NCBI Bookshelf (nih.gov)

Anosognosia: Definition, Signs, and Treatment (psychcentral.com)

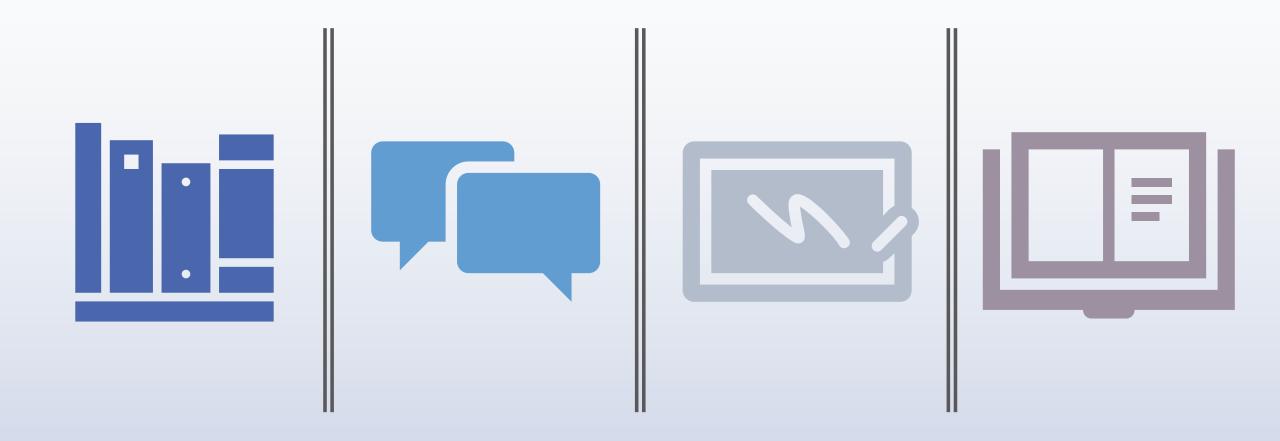
Impaired Awareness and Anosognosia in Mentally III: Study Summaries : Mental Illness Policy Org

Anosognosia in Schizophrenia: Hidden in Plain Sight - PMC (nih.gov)

Anosognosia | NAMI: National Alliance on Mental Illness

Insight and Psychosis - PMC (nih.gov)





Questions?