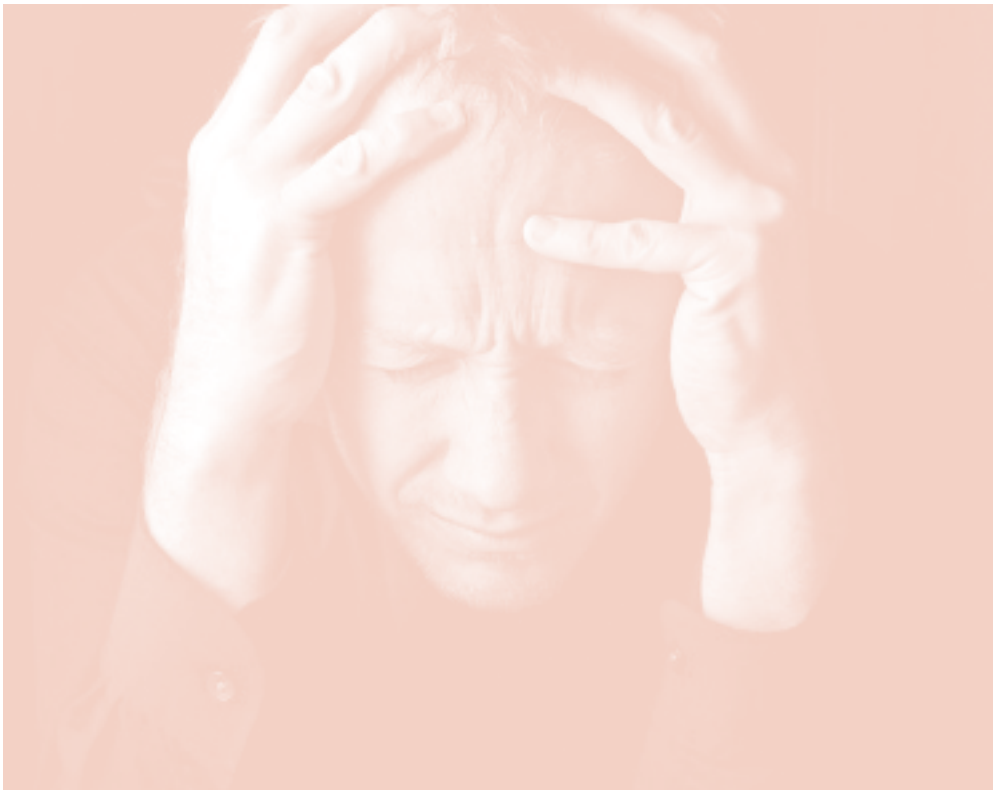


# SEVERE MENTAL ILLNESS

Rehabilitation in Semi-isolated Environments



*Figure 1:(One Eighty, 2017), Edited by author*

## RESEARCH PLAN

**Romina Gurkan Saul - 5615909**

# CONTENT

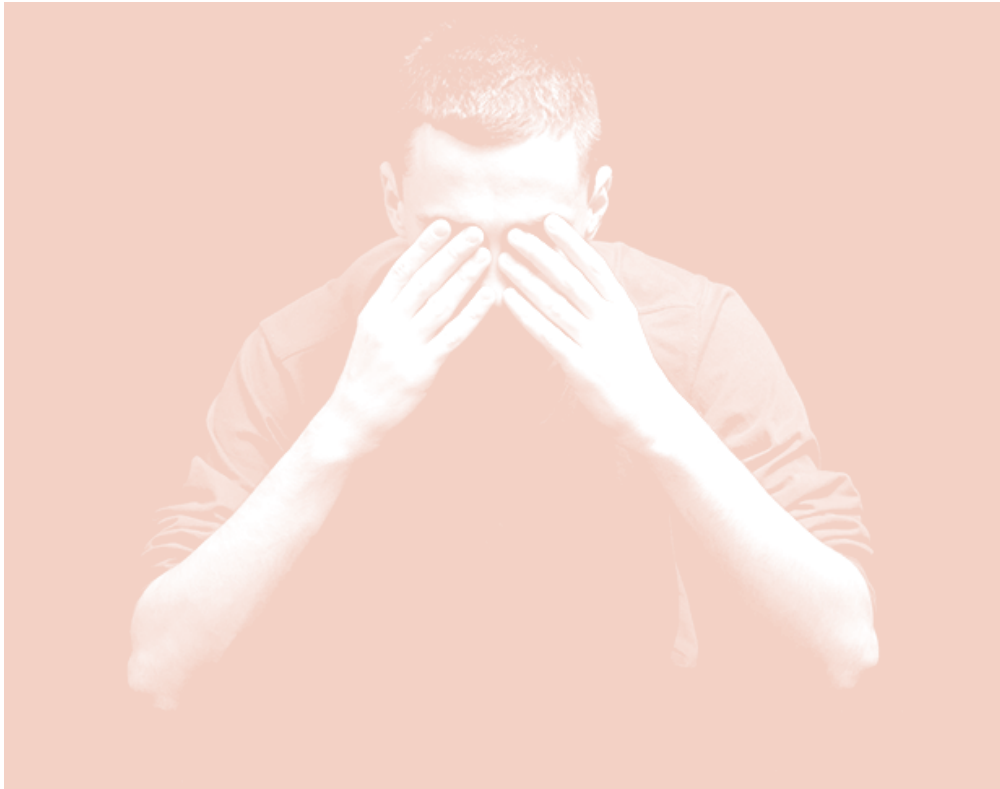


Figure 2: (Psycom, 2022), Edited by author

Introduction.....4

Problem Statement.....6

Research Goal.....8

Research.....10

Research Questions.....11

Explanation of the Terms.....11

Including/ Excluding.....12

Research Methods.....14

Methods.....15

Research Diagram.....16

Methodology.....18

Theoretical Framework.....20

Rehospitalization and suicide attempts.....21

Severe mental illness and isolation.....21

Rehabilitation.....22

My position.....22

Hypothesis.....22

Planning.....24

References.....26

## - Introduction to Severe Mental Illness-

# INTRODUCTION



Figure 3: (The Promise Act, 2021), Edited by author

Severe mental illness, also known as SMI, is a term used for individuals that have psychiatric problems that create functional impairment which causes problems in daily activities. The Diagnostic and Statistical Manual of Mental Disorders (DSM) includes bipolar disorder, borderline personality disorder, post-traumatic stress disorder (PTSD), major depressive disorder, schizophrenia, and obsessive-compulsive disorder (OCD) as diseases that count as severe mental illnesses. (What is a Serious Mental Illness?, n.d.).

In Europe, SMI affects 6.5 million people, representing 1.3% of the population (European Union, 2018). However, in the Netherlands, 1.7% of the population has SMI, and approximately 75% of the patients are in psychiatric care (GGZ Standaarden, 2021). Therefore, it can be interpreted as 216.750 people having a low ability to complete daily activities and functional tasks. In addition to this, their psychological disorder also causes physical conditions such as asthma, stroke, cancer, heart failure, hypertension, etc. Therefore, the psychiatric treatment of these patients is very important for their physical health as well (Lachowycz, Celebi, Price, Lugton, & Roche, 2018). Especially, with the current challenge of the Netherlands with healthcare staff shortages (Visser, 2019) the treatment and rehabilitation of psychiatric patients is of great importance. According to the report of Medisch Contact in 2020, there are around 3.000 job vacancies for caretakers in the mental health department. This results in long waiting lines in mental health care facilities (NL Times, 2021).

In addition to this, even though hospitalization for severe mental illnesses is often needed and beneficial, often psychiatric hospitalization has a low satisfaction rate. Length of stay (LOS) is an important aspect that affects satisfaction after discharge, according to research, longer LOS often results in high suicide rates

after discharge (Navarro, et al., 2021). However, the patient's background severity might require a longer LOS. On the other hand, shorter LOS also causes failure in treating all symptoms of the patients or creates a pattern called a "revolving- door" (Baeza, da Rocha, & Fleck, 2018) where patients get readmitted multiple times in a short period (Oyffe, Kurs, Gelkopf, Melamed, & Bleich, 2009). Therefore, even though the ideal LOS is still unknown, inpatient psychiatric admissions outcomes result in readmissions and high suicide rates (Loch, 2014). Especially, according to research, SMI patients of ages 26-45, have the highest chance of readmission (Teigland, Forma, Green, & Kim, 2018). This means that current psychiatric facilities fail to create a good transition from isolated psychiatric facilities into society for adults.

Creating a good transition from psychiatric facilities into society would be beneficial for first the quality of life of the patient, second, the society, and lastly, it would decrease the burden on the Dutch healthcare system with decreased readmissions, suicides, and physical health problems. As the problem is hypothesized to lie in the direct transition from isolated to non-isolated (society) environments, architecture can play a big role in implementing semi-isolated environments in psychiatric care for the rehabilitation of patients.

- Problem -

Transitioning from the isolated environment back to the community is difficult for patients discharged from psychiatric hospitalization. As psychiatric facilities offer controlled social interactions and routines, the readaptation of the patient to society is very hard, increasing rehospitalization rates (Loch, 2014). In Europe, the re-admission rate of an inpatient after 30 days varies between 9-15%, this rate is between 33-48% within a year (Hegedüs, Kozel, Richter, & Behrens, 2020). In addition to this, according to the Harvard Review of Psychiatry studies, suicide rates of SMI patients after discharge are 23 times greater than the general population. 26.4% of the suicides are attempted within a month of discharge, 40.8% within 3 months, and 73.2% within a year (Forte, Buscajoni, Fiorillo, Pompili, & Baldessarini, 2019).

The fact is that semi-isolated living environments are not common in psychiatric care was hypothesized to be the main problem in the transition after discharge. Architecture can help with implementing this semi-isolation environment in current psychiatric facilities to solve this problem. The patients that have been living dependently in strict and isolated psychiatric facilities for weeks/ months to are expected to learn to live independently with their symptoms while also readapting to the social codes of society. Therefore, creating semi-isolated environments where patients can slowly adjust to living independently and take over roles in the community while also being under the surveillance of psychiatrists can be beneficial in fixing this problem in psychiatric care.

PROBLEM



Figure 4: (Yoho, 2020), Edited by author

STATEMENT

**- Goal of the Research -**

The research aim of this project is to increase the quality of life of severe mental illness patients and provide better rehabilitation in the community by increasing their self-esteem, teaching them to live independently, and preparing them for the social codes of society. For this, it is aimed to create a semi-isolated living environment where patients can have a slower transition from psychiatric hospitals to society and where real-life circumstances are created under the surveillance of their psychiatrists. With this, it is aimed to facilitate the transition of SMI patients to society, hence, decreasing the number of rehospitalization and suicide attempts which will also result in decreasing the need for caregivers for the same patients which will reduce the burden of psychiatric care in Dutch healthcare.

# RESEARCH



# GOAL

Figure 5: (Sharma, 2019), Edited by author

- Research Questions and Explanation of the Terms -

# RESEARCH

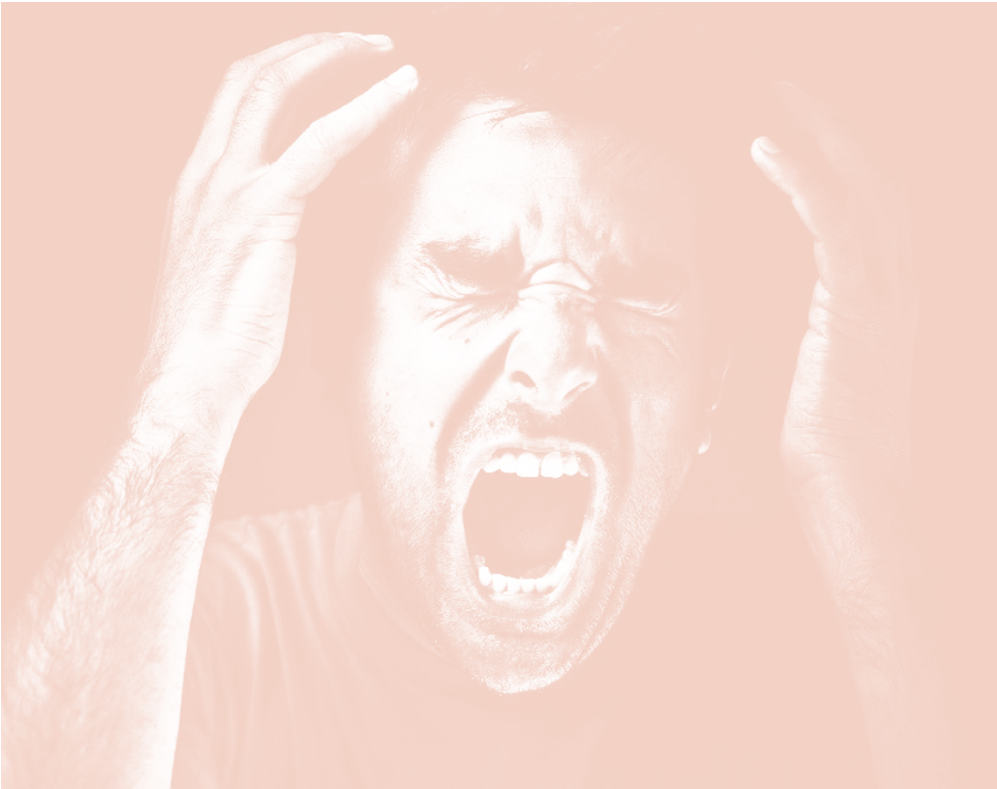


Figure 6: (Garber, 2021), Edited by author

In this chapter the main research question together with the sub-questions that will help answer the main question will be introduced and the terms that are important for this research will be explained. Additionally, the scope of the research will be described by explaining what is included in the research and what is not.

**Main Research Question:**

In what way can a semi-isolated living environment provide rehabilitation to adults living with severe mental illnesses (SMI) to facilitate their transition from psychiatric hospitals into society?

**Research Sub-Questions:**

1. What’s the main reason for the high suicide and rehospitalization rates for SMI patients during the transition from psychiatric hospitals into society?
2. Why is isolation necessary, and to what extent semi-isolation can be provided to facilitate rehabilitation?
3. What design strategy can create an ideal environment for the rehabilitation of SMI patients?

**Explanation of the Terms:**

**Severe Mental Illness (SMI):** People who have psychological issues so severe that they are greatly limited in their ability to engage in functional and occupational activities. Bipolar disorder, borderline personality disorder, PTSD, major depressive disorder, schizophrenia, and OCD are referred to as SMI (Lachowycz, Celebi, Price, Lugton, & Roche, 2018).

**Rehabilitation:** Restoring someone to normal life after illness. In this case, full recovery is rarely possible. However, patients may learn to complete daily life activities with their symptoms (Oxford Languages, n.d.).

**Treatment:** The medical treatment provided to a patient for a disease (Oxford Languages, n.d.).  
**Isolation:** The environment where the patients cannot speak to anyone outside the psychiatric facility and must follow strict routines.

**Semi-isolation:** The environment where patients can have some contact with the outside world, be a bit more autonomous, and learn how to function in the community while being watched over by medical workers and following certain therapy activities.

The definitions of isolation and semi-isolation were written by the author to describe what is meant by isolation and semi-isolation in this research.

- Including/ Excluding -

As there is a limited time for the thesis, certain things will be included in the research while certain things will be excluded. Therefore, a list is provided below to draw a clear picture of the extent of this research:

- Treatment is also included as it is the first step to rehabilitation. However, the main issue is the gap between “after treatment” into society therefore the focus is rehabilitation.
- Monetary issues are not included. To clarify, it is also important that the patients also have an environment where they learn how to function in society and work, earning money is an important aspect, therefore, I’m including this. However, I’m excluding the monetary side of the design, meaning that this facility can be a big project that would require a big investment.
- Substance users are not included. Commonly, some SMI patients can be addicted to certain substances. However, the main goal of my design is to treat and rehabilitate psychiatric illnesses, not substance addicts.
- Physical symptoms of the patients are not included. The goal is just to treat and rehabilitate psychiatric illnesses which will also indirectly result in fewer physical symptoms however, treating physical illnesses is not the main goal.



# RESEARCH



Figure 7: (Love The Wind, 2022), Edited by author

# METHODS

## -Methods

In this chapter methods that will be used to answer the sub-questions will be explained with the help of the research diagram. Additionally, the methodology chapter where the reasoning behind each sub-question and how each method will help with the intended outcome will follow.

1. What's the main reason for the high suicide and rehospitalization rates for SMI patients during the transition from psychiatric hospitals into society?
  - Literature review
  - Fieldwork: Interview with psychiatrists
  - Existing patient videos
2. Why is isolation necessary, and to what extent semi-isolation can be provided to facilitate rehabilitation?
  - Literature review
  - Fieldwork: Interview with psychiatrists, (staff)
  - Existing case studies
3. What design strategy can create an ideal environment for the rehabilitation of SMI patients?
  - Literature review
  - Typology assessments
  - Case studies
  - Fieldwork: observation and interview



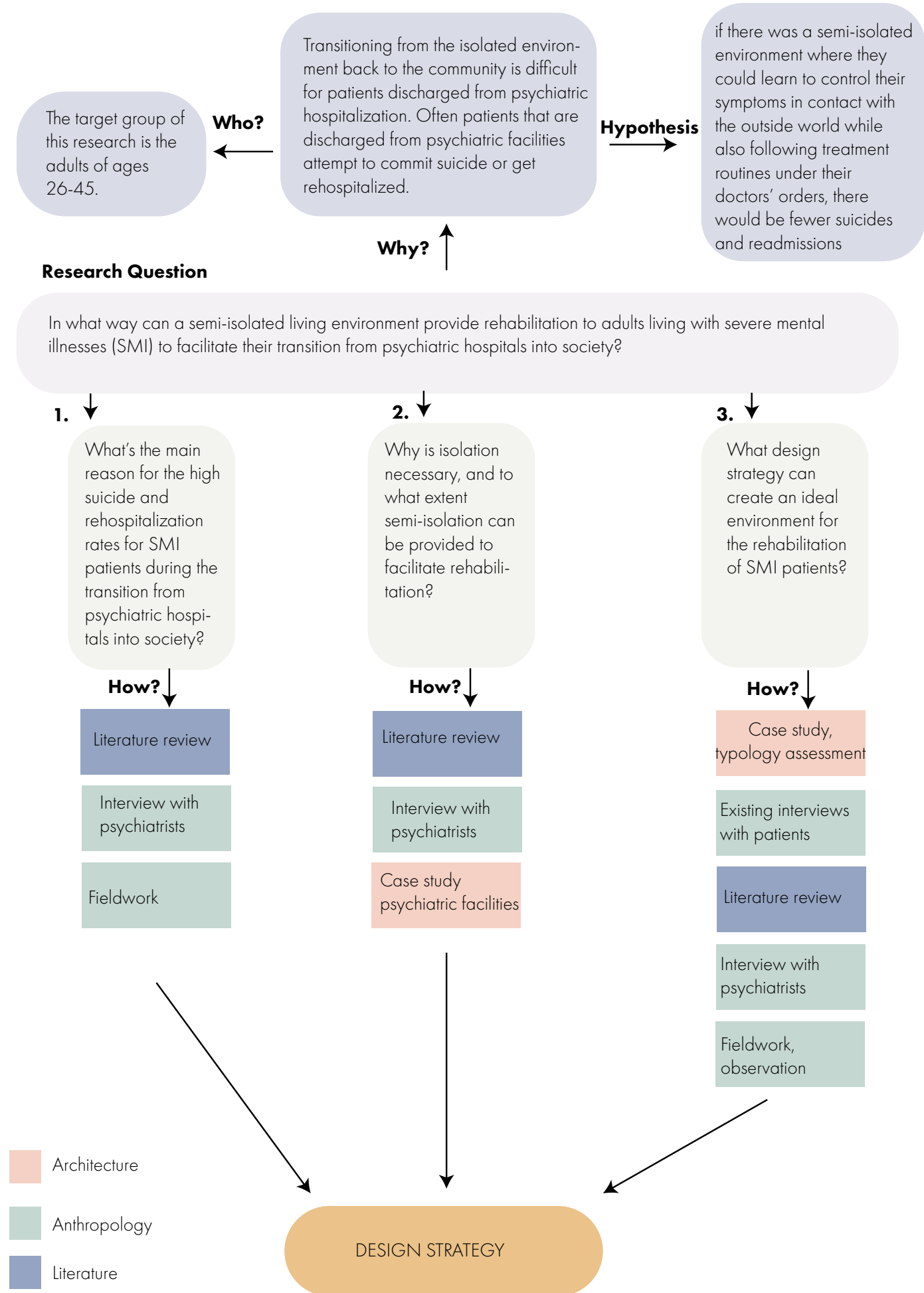


Figure 8: Research Plan Diagram

### -Methodology -

It is aimed that the sub-questions will be used as the steps to unfold the problem that started the research, gathering information on the problem, and lastly to produce solutions to the problem which will form the design principles that will be used in the design. To answer the different questions, various methods will be used: literature review, observation and interviews during the fieldwork, existing videos, and lastly architectural research methods such as case study and typology analysis

The first question was already researched in the literature review to investigate the problem in the topic of SMI. However, additional literature research, interviews with a psychiatrist, and existing YouTube videos of patients will be reviewed. The intended output is the negative information and opinions on the current handling of the transition from isolated psychiatric hospitals to society for patients which shows that isolation has a negative impact on patients' transition into society hence proving my hypothesis and presenting a possible solution: semi-isolated rehabilitation environments.

With the second sub-question, the slow transition from theoretical information to practical information will be achieved by finding out to what extent certain environmental changes would be possible and safe. The literature review and the interview with a psychiatrist will help to find out the reasoning behind the isolation of the patients and to what extent this could be changed. With this, it is intended to figure out to what extent changes in isolated environments can be done for better rehabilitation. This outcome will be used to translate theoretical information to practical, hence design. If for instance, the outcome of the research indicates that community integration is important, a possible solution could be to design a facility inside a neighborhood. Additionally, with case studies it is also expected to compare how the theoretical knowledge was reflected to design from past to present in terms of isolation.

Furthermore, the last sub-question intends to gain knowledge on rehabilitation and reflect this into a design. In the second sub-question, the aim was to do this with the topic of isolation, but the last question focuses on a more general term which is rehabilitation. Therefore, the intended output is to first compare and gain knowledge on rehabilitation and ideal environments for rehabilitation in theory with literature reviews and interviews. Furthermore, in the fieldwork, the intention is to see how this works in practice and get insight from the target group. And lastly, from the case studies and typology assessments, the intention is to again compare how knowledge was and is reflected in architecture.

With these sub-questions the research question "In what way can a semi-isolated living environment provide rehabilitation to adults living with severe mental illnesses (SMI) to facilitate their transition from psychiatric hospitals into society?" will be answered and design principles for the rest of the project will be created.

#### Sub-Question 1

What's the main reason for the high suicide and rehospitalization rates for SMI patients during the transition from psychiatric hospitals into society?

How?

Literature review  
Interview with psychiatrists  
Fieldwork

Intended output ?

The intended output is the negative information and opinions on the current handling of the transition from isolated psychiatric hospitals to society for patients which shows that isolation has a negative impact on patients' transition into society

#### Sub-Question 2

Why is isolation necessary, and to what extent semi-isolation can be provided to facilitate rehabilitation?

How?

Literature review  
Interview with psychiatrists  
Case study psychiatric facilities

Intended output ?

The theory behind isolation of patients and the changes of this method from past to present. Intention is also to see the future on possible changes and pushing the boundaries in a safe way.

From the case studies, the intention is to compare old and new rehabilitation environments and see the reflection of the theory into architecture.

#### Sub-Question 3

What design strategy can create an ideal environment for the rehabilitation of SMI patients?

How?

Literature review  
Interview with psychiatrists  
Fieldwork, observation  
Existing interviews with patients  
Case study, typology assessment

Intended output ?

Intended outcome is to first gain knowledge in theory. What are the important steps in rehabilitation, how can this be reflected into architecture?

Intention is to observe and listen the needs of the target group. How is the situation now, how can this be improved?

Lastly, the intention is to compare the reflection of theory behind rehabilitation into architectural environments. Again, comparing new and old.

Figure 9: Methodology Diagram

-Theoretical Framework -

THEORETICAL



FRAMEWORK

Figure 10: (A New and Effective Treatment for Schizophrenia, n.d.), Edited by author

The theoretical framework describes various research on severe mental illnesses and divides the research into three categories: rehospitalization and suicide attempts, severe mental illness and isolation, and lastly, rehabilitation. Various research on these different topics was collected to position me on the topic of severe mental illness. This chapter includes the ideas that different researchers defend, my position on this topic, and the hypothesis that I formulated.

Rehospitalization and suicide attempts

According to the article published in Frontiers in Psychiatry journal written by Anna Hegedüs, the first month after discharge has the highest rehospitalization rates. (Hegedüs, Kozel, Richter, & Behrens, 2020). In addition to this, according to studies by Forte et al, suicide rates of SMI patients after discharge are 23 times greater than those of the general population. 26.4% of the suicides are attempted within a month of discharge, 40.8% within 3 months, and 73.2% within a year (Forte, Buscajoni, Fiorillo, Pompili, & Baldessarini, 2019).

According to Alexandre Loch, a researcher in the Laboratory of Neurosciences, psychiatric facilities offer artificial and controlled environments where patients learn to adjust their symptoms accordingly. However, as in social life, this controlled environment doesn't exist, and it is harder for them to adapt. Therefore, he claims that it is important for patients to learn readaptation skills during their stay (Loch, 2014).

Based on the research of Loch where he criticizes the direct transition from this isolated environment to society and, the research of Hegedüs and Forte where they show the statistics that the first month in the period after discharge the rehospitalization and suicide rates are the highest, it can be defended that an additional phase right after discharge where a semi-isolated environment in which the patient can have a

real-life society experience under their psychiatrist's surveillance can be beneficial to integrate into current psychiatric facilities for an easier transition.

Severe mental illness and isolation

In the CGLPL report, isolation of the mental illness patients is criticized. The author also criticizes the psychiatric facilities to be dehumanizing as the patients are deprived of contact with their families, are in constant surveillance, and are physically restrained by the nurses under certain circumstances. On the other hand, several reasons for isolation are also described to be useful for the treatment of the patients: to reduce the stimulation, prevention of self-harm, and reduce the possibility of a therapeutic rupture (CGLPL, 2016). Since the patients requiring inpatient care can have severe cases and be self-harming or suicidal, these preventions can also be appreciated.

In addition to this, in the article of Hegedüs, she also writes about the benefits of "transitional interventions with bridging components" which is the support given to the patient before and after in-patient treatment to facilitate their transition into society. For this, she argues that patients' community integration can be improved by transitional interventions at various social support levels, such as community care and support homes (Hegedüs, Kozel, Richter, & Behrens, 2020).

Furthermore, in the article Penny D. Xanthopoulou wrote in Community Mental Health Journal, she claims that the lack of support and isolation from society has a negative impact on patients with severe mental illnesses and increases the symptoms of psychosis. Furthermore, she argues that being included in the community can create a reliable support system, frequently considered essential to recovery, and creates higher life satisfaction (Xanthopoulou, Mbanu, Chevalier, Webber, & Giacco, 2022).

## Rehabilitation

In the book *A Primer on the Psychiatric Rehabilitation Process*, the goal of Medicaid's rehabilitation of psychiatric patients is described as "the goal to attain or retain capability for independence or self-care" (Anthony & Farkas, 2009).

In addition, Japanese researchers Tanioka, Mano, Takasaka, Tada, and Kawanishi conclude that self-efficacy is very important for rehabilitating psychiatric patients to improve their social and cognitive performance. Therefore, they advise the caretakers to incorporate programs where the patients improve their ability to complete daily tasks instead of getting them to follow strict rules and routines (Tanioka, Mano, Takasaka, Tada, & Kawanishi, 2006).

Therefore, from these two pieces of research, it can be concluded that it is important that SMI patients learn to live independently to complete their rehabilitation and integrate into society.

## My Position

Considering the theoretical framework, I defend that the main cause of the high suicide and readmission rates is the isolation that psychiatric hospitals offer and the lack of preparation of the patients for the community. As patients must follow strict routines under the rules of the hospital, even though they learn to alter their symptoms in these facilities, it becomes much harder to control their symptoms in their daily lives after weeks of isolation. In addition to this, during their stay, since they have little contact with the outside world, when they come out, they must readapt their social skills as well.

Therefore, I position myself in defending the idea that it is important for SMI patients to obtain social and personal autonomy skills for good rehabilitation and that this is more likely to happen in a

semi-isolated environment where they are in contact with the community and have individual spaces.

## Hypothesis

I hypothesize that a semi-isolated environment where they could learn to control their symptoms in contact with the outside world while also following certain activities and therapy under their doctors' orders, there would be fewer suicides and readmissions.

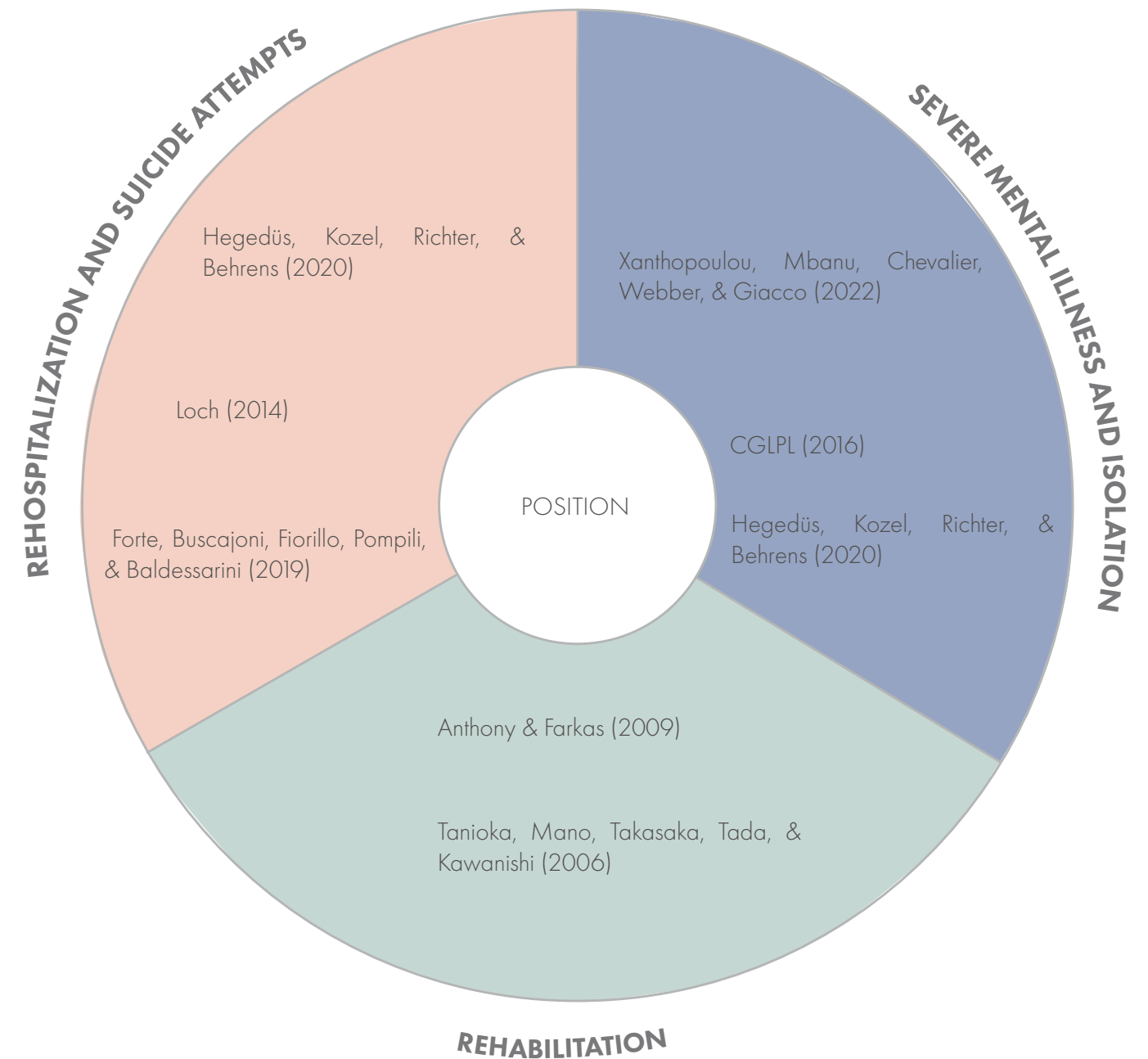


Figure 11: Theoretical Framework Diagram

# PLANNING



Figure 12: (Ellis, 2019), Edited by author

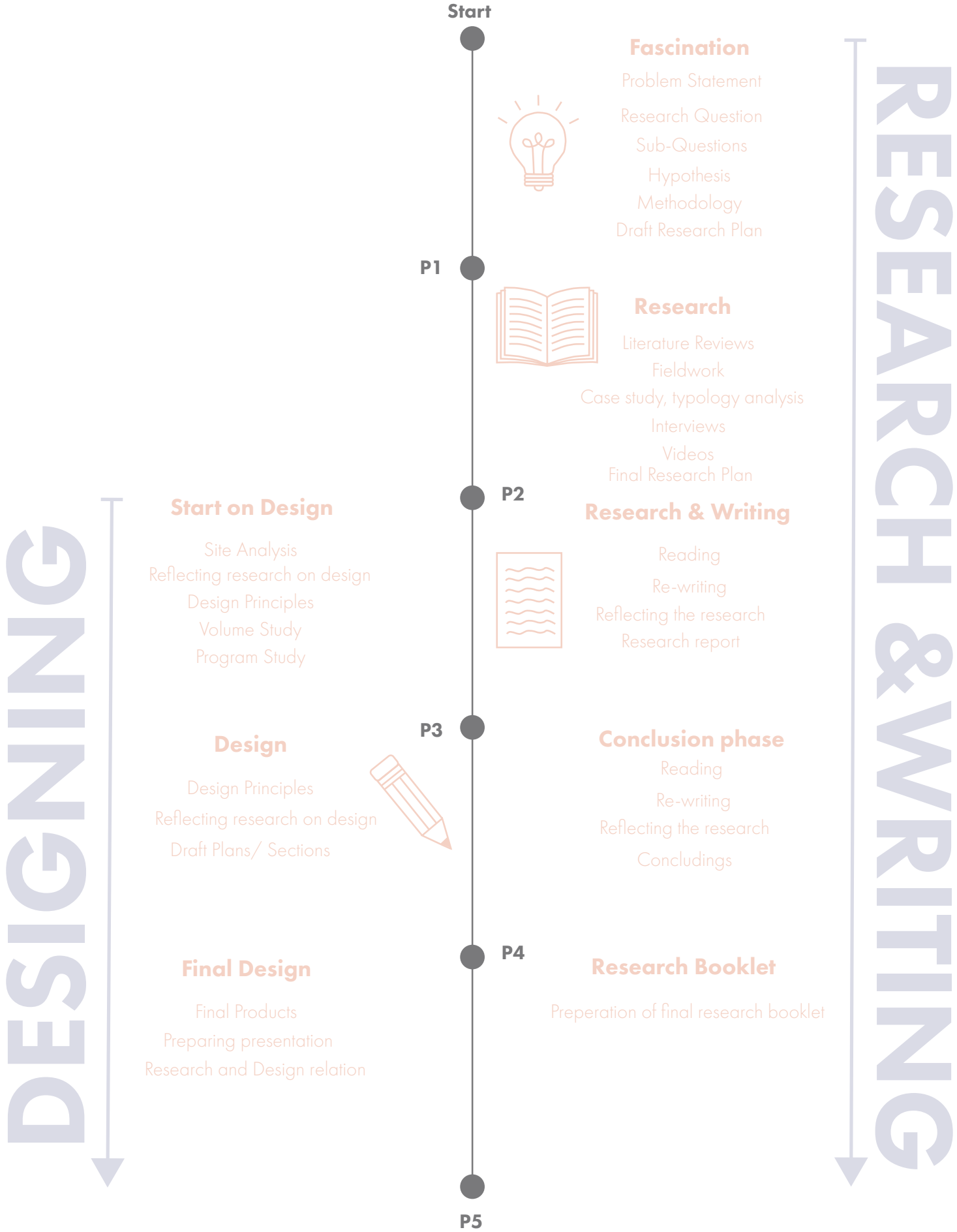


Figure 13: General Planning Diagram



# REFERENCES



Figure 14: (Bansal, 2021), Edited by author

-References -

Anthony, W. A., & Farkas, M. D. (2009). *A Primer on the Psychiatric Rehabilitation Process*. Boston University. Boston: Center for Psychiatric Rehabilitation.

Baeza, F. L., da Rocha, N. S., & Fleck, M. P. (2018). Predictors of length of stay in an acute psychiatric inpatient facility in a general hospital: a prospective study. *Brasileira de Psiquiatria*, 89-96.

CGLPL. (2016). *Isolation and Restraint in Mental Health Institutions*. Paris, France: Contrôleur général des lieux de privation de liberté .

European Union. (2018). *Promoting mental health in Europe: Why and how?* Paris.

Forte, A., Buscajoni, A., Fiorillo, A., Pompili, M., & Baldesarini, R. J. (2019, September 7). Suicidal Risk Following Hospital Discharge: A Review. *Harvard Review of Psychiatry*, 27(4), 209-216.

GGZ Standaarden. (2021). *Ernstige Psychische Aandoeningen*. Retrieved from <https://www.ggzstandaarden.nl/generieke-modules/ernstige-psychische-aandoeningen/inleiding>

Hegedüs, A., Kozel, B., Richter, D., & Behrens, J. (2020, January 21). Effectiveness of Transitional Interventions in Improving Patient Outcomes and Service Use After Discharge From Psychiatric Inpatient Care: A Systematic Review and Meta-Analysis. (D. Roe, Ed.) *Frontiers in Psychiatry*, 10, Article 969.

Lachowycz, K., Celebi, S., Price, G., Lugton, C., & Roche, R. (2018). *Severe mental illness (SMI) and physical health inequalities: briefing*. UK Government, Public Health England. National Mental Health Intelligence Network. Retrieved from <https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing#:~:text=The%20phrase%20severe%20mental%20illness,an%20SMI%20%5Bfootnote%20%5D>.

Loch, A. A. (2014, April 28). Discharged from a mental health admission ward: is it safe to go home? A review on the negative outcomes of psychiatric hospitalization. *Dove Press Journal*, 137-145.

Navarro, F. C., Villalobos, N., Muñoz, A., Medrano, A., Rodríguez, N., & Uribe, E. (2021). Predictors of the length of stay of psychiatric inpatients: protocol for a systematic review and meta-analysis. *Systematic Reviews*.

NL Times. (2021, August 5). *Waiting lists and patients refused at mental health centers due to staff shortage*. Retrieved from NL Times: <https://nltimes.nl/2021/08/05/waiting-lists-patients-refused-mental-health-centers-due-staff-shortage#:~:text=In%20the%20last%20quarter%20of,care%20professionals%20in%20the%20Netherlands>.

Oxford Languages. (n.d.). Retrieved from <https://languages.oup.com/google-dictionary-en/>

Oyffe, I., Kurs, R., Gelkopf, M., Melamed, Y., & Bleich, A. (2009, December). Revolving-door Patients in Public Psychiatric Hospital in Israel: Cross Sectional Study. *Croatian Medical Journal*, 50.

Tanioka, T., Mano, M., Takasaka, Y., Tada, T., & Kawaniishi, C. (2006). *Challenge of psychiatric rehabilitation for patients with long-term hospitalizations using the Nirje's normalization principles as a valuation standard: two case studies*. Tokushima: Department of Community and Psychiatric Nursing, School of Health Sciences, The University of Tokushima.

Teigland, C., Forma, F., Green, T., & Kim, S. (2018, September 1). Prevalence and Likelihood of Hospital Admission and Readmission in Patients with Serious Mental Illness. *Value in Health*, 21, 74.

Visser, J. (2019, Dcember 2019). *The Netherlands has an urgent need for cops, nurses and teachers*. Retrieved from Holland Times:  
<https://www.hollandtimes.nl/articles/national/the-netherlands-has-an-urgent-need-for-cops-nurses-and-teachers/>

*What is a Serious Mental Illness?* (n.d.). Retrieved from SMI Adviser:  
[https://smiadviser.org/about/serious-mental-illness#:~:text=Serious%20Mental%20Illness%20\(SMI\)%20is,or%20more%20major%20life%20activities.](https://smiadviser.org/about/serious-mental-illness#:~:text=Serious%20Mental%20Illness%20(SMI)%20is,or%20more%20major%20life%20activities.)

Xanthopoulou, P. D., Mbanu, J., Chevalier, A., Webber, M., & Giacco, D. (2022, January 25). Social Isolation and Psychosis: Perspectives from People with Psychosis, Family Caregivers and Mental Health Professionals. *Community Mental Health Journal*, 1338–1345.

-Illustration References -

**Figure 1:** One Eighty. (2017, March 7). *How to Spot the Warning Signs of Declining Mental Health*. Retrieved October 16, 2022, from One Eighty: <https://www.one-eighty.org/news/how-to-spot-the-warning-signs-of-declining-mental-health/>

**Figure 2:** Psycom. (2022, September 27). *Major Depression (Unipolar Depression)*. Retrieved October 16, 2022, from Psycom: <https://www.psycom.net/major-depressive-disorder>

**Figure 3:** The Promise Act. (2021, October 7). *Military General with Bipolar Was “Fit for Duty”*. Retrieved October 16, 2022, from The Promise Act: <https://thepromiseact.org/general-battles-bipolar/>

**Figure 4:** Yoho. (2020, August 27). *Understanding Depression and Ways to Prevent It*. Retrieved October 16, 2022, from Emerald Psychiatry: <https://emeraldpsychiatry.com/understanding-depression-and-ways-to-prevent-it/>

**Figure 5:** Sharma, S. (2019, September 24). *Is Your Anger Making Your Pain Worse?* Retrieved October 16, 2022, from Core Medical Wellness: <https://coremedicalwellness.com/is-anger-making-pain-worse/>

**Figure 6:** Garber, L. (2021, September 5). *The Downside of Rage: Why Anger Can Indicate Weakness Just as Much as Strength*. Retrieved October 16, 2022, from Existential Cafe: <https://existentialcafe.blog/2021/09/05/the-downside-of-rage-why-anger-can-indicate-weakness-just-as-much-as-strength/>

**Figure 7:** Love The Wind. (2022, October 16). *Man sitting alone felling sad worry regret or fear and hand off his face on dark black background*. Retrieved from Adobe Stock: <https://stock.adobe.com/nl/images/man-sitting-alone-felling-sad-worry-regret-or-fear-and-hand-off-his-face-on-dark-black-background/267707327>

**Figure 8:** Author’s work

**Figure 9:** Author’s work

**Figure 10:** *A New and Effective Treatment for Schizophrenia*. (n.d.). Retrieved October 16, 2022, from AFC Counselors: <https://afccounselors.com/schizophrenia/>

**Figure 11:** Author’s work

**Figure 12:** Ellis, M. E. (2019, October 10). *Depression Isolation: What To Do When a Loved one Becomes Socially Withdrawn*. Retrieved October 16, 2022, from Bridges to Recovery: <https://www.bridgestorecovery.com/blog/depression-isolation-what-to-do-when-a-loved-one-becomes-socially-withdrawn/>

**Figure 13:** Author’s work

**Figure 14:** Bansal, P. (2021, September 6). *What Is Psychotic Depression? Symptoms And Tips To Manage This Mental Illness*. Retrieved October 16, 2022, from Only My Health: <https://www.onlymyhealth.com/condition-of-psychotic-depression-symptoms-and-tips-to-manage-it-1630905122>