

Severe Mental Illness (SMI)

What does Treatment Advocacy Center mean by SMI?

Treatment Advocacy Center (TAC) uses the acronym “SMI” to indicate **severe mental illness**. Other organizations may have slightly different definitions for SMI. By severe mental illness, we mean psychiatric conditions that often include psychosis and other symptoms that are significant, persistent, and life-altering. A person with SMI has a medical condition of the brain that requires medical treatment for the person to get well. TAC’s work centers on eliminating barriers to treatment for individuals with SMI who struggle to access care on their own.

What are symptoms of SMI?

Often, but not always, someone with SMI has a symptom called [anosognosia](#) that blocks a person’s ability to perceive their illness or understand why they need treatment. Anosognosia occurs because of physical changes to the frontal and parietal lobes of the brain, which are involved in judgment and self-awareness. This condition also affects some people who have had a stroke or been impacted by another type of neurological disease, such as dementia. Anosognosia is thought to be the most common reason for not seeking or maintaining treatment for people with SMI.

TAC includes the following conditions under the umbrella term SMI:

- schizophrenia spectrum disorders
- severe bipolar disorder
- major depression with psychotic features

Schizophrenia spectrum disorders

Schizophrenia spectrum disorders include a range of conditions with similar symptoms and traits. In general, these are diagnoses that include elements of psychosis. Psychosis causes the person who is ill to perceive things that others do not perceive. Some common features of psychosis are hallucinations, delusions, and extreme fears or paranoia. Some people have more than one diagnosis or receive shifting diagnoses throughout their lives. TAC offers a [fact sheet](#) on schizophrenia that includes research data, typical treatment modalities, and a list of related disorders.

New data in [June 2023](#) suggest that there are 3.7 million adults living with schizophrenia spectrum disorders. These results indicate that the number of individuals with schizophrenia spectrum disorders is two to three times higher than previously estimated.

A person with a schizophrenia spectrum disorder may have positive and negative symptoms. Think of a positive symptom as something you notice that is present, such as hallucinations and delusions. Negative symptoms are notable because they are not present, such as a lack of interest in social engagement or a failure to express emotion. Withdrawal, isolation, cognitive impairments, and a lost sense of purpose are common negative symptoms.

One diagnosis on the spectrum is schizoaffective disorder, which is a mood and thought disorder. A person who has extreme mood instability and many features of schizophrenia may be diagnosed with schizoaffective disorder.

Bipolar disorder

In its most severe form, bipolar disorder includes extreme mood instability and psychosis. A person might fluctuate between mania and depression across a length of time or rapidly and in the moment. Loved ones might notice that psychosis is most common during a manic episode. Bipolar I is the clinical name for severe bipolar disorder. TAC offers a [fact sheet](#) on bipolar disorder that includes research data, typical treatment modalities, and a list of symptoms to determine which type of bipolar is impacting a person.

Symptoms of mania may include changes in thought patterns, expressed through racing or disjointed speech. The person in mania might be overly focused on religion or express a “flight of ideas” that may not make rational sense. Judgment may be impaired, leading to impulsive acts or reckless spending. Moods might include delusions of grandeur, extreme excitability, and persistent rambling. The person in mania might sleep very little and appear restless, with a sudden increase in focus on a specific goal or activity.

Major depression with psychotic features

Sometimes severe forms of major depressive disorder can include psychosis. A person may have thoughts of suicide or self-harm and may hear voices that are incredibly damning or encourage dangerous or life-threatening behavior.

Seek a clinician’s guidance for individualized information

The information in this article is not intended to be diagnostic or to be taken as medical advice. A provider qualified to evaluate or diagnose these complicated illnesses is the best person to talk with about the range of conditions and symptoms that may be present for an individual with SMI.

Places to seek help

- [Certified Community Behavioral Health Centers \(CCBHC\)](#) (thenationalcouncil.org): Options are listed by state.
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\) treatment locator](#) (findtreatment.gov): Locate treatment by address or facility name.
- [Encuentra Apoyo](#) (samhsa.gov/encuentra-apoyo): Culturally relevant information and treatment options in Spanish.

Here are places to go for more detailed information:

- TAC's [research-based website page](#) offers prevalence data and more detail about certain SMI diagnoses.
- TAC's library of [multimedia resources](#) offers books, podcasts, and more for deeper learning about SMI and how to manage lifelong impacts.