OUTLINE

- Defining mental disorders
- Assessment of mental disorders
- Diagnosis of mental disorders
- Categories of mental disorders
  - Anxiety
  - Mood
  - Psychotic
It is estimated that 450,000,000 worldwide have a mental health problem (WHO, 2001)
ABNORMAL PSYCHOLOGY

- What is *normal*?
- Feelings of discomfort
  - e.g. Anxious, depressed
- Non-conformity
  - e.g. Criminal behaviour
- Statistical abnormality
  - e.g. Psychometric scales
Carl Friedrich Gauss (1777-1855)
CRITERIA

- Atypical behaviour
  - Not typical in population
- Maladaptive behaviour
  - Difficulty functioning
- Impaired function
  - Inability to control behaviour
  - Disordered thoughts/feelings
Several diagnostic systems
- The need for consensus

**DSM-I (1952)**
- 106 disorders
- Psychodynamic leaning

**DSM-V (2013)**
- Over 300 disorders
- Shifts in thinking
- Debate over constitution of ‘illness’
Clinical Assessment

- Semi-structured interview
  - Specific questioning
  - Flexible
- Determine patients symptoms
  - Look for signs
ASSESSMENT II

- **Self Report**
  + Psychometrics
    - Specific traits/symptoms
    - e.g. Beck (1996) Depression inventory

- **Projective Tests**
  + Unstructured/Ambiguous stimuli
  + Patient imposes own structure
    - e.g. Rorschach test
  + Controversial
USING THE AXES

Axis 1
Clinical

Axis 2
Personality

Axis 3
Medical

Axis 4
Environment

Axis 5
Global function
UPDATE

- DSM-V (2013)
  - Multiaxial system replaced
  - Axes 1-3 combined
  - Separate notation for Axes 4-5
- Important to consider...
  - Who develops the manual
  - Links with Pharmaceutical industry?
  - Over medication of normalcy?
CASE STUDY

- Being sane in insane places (Rosenhahn, 1973)
  - 7 ‘normal’ people went to hospital
    + Complained of hearing voices
    + Once admitted, symptoms no longer reported
  - Experiment was to try and get out
  - No pseudopatient detected
    + 6 admitted with schizophrenia
    + Spent up to 52 days in treatment
  - Patients powerless/depersonalised
    + Overlap between normalcy
    + Bias of professionals
ANXIETY DISORDERS

- Phobias
  - Irrational fear of object or situation
  - Effort to avoid cause of anxiety

- Specific phobia
  - Can be extremely disruptive
  - e.g. flying

- Social phobia
  - May attempt to alleviate anxiety
  - e.g. watched/judged
ANXIETY DISORDERS II

- Panic disorder
  - Characterised by unexpected attacks
    - e.g. dizziness, difficulty breathing
- Agoraphobia
  - Fear of an attack
  - Could be embarrassing, dangerous
  - Stay in safe place
- General Anxiety Disorder
  - Non-specific
  - Continuous/pervasive
ANXIETY DISORDERS III

- Obsessive Compulsive Disorder (OCD)
  - Recurrent intrusive thoughts
  - Ritualistic behaviours
    - e.g. unclean
  - Anxious if behaviour not carried out
- Stress Disorders
  - Triggered by event/trauma
  - Typically followed by dissociation
- Acute stress disorder
  - Revisiting trauma
- Post traumatic stress disorder (PTSD)
  - Reaction to trauma persists for over 1 month
Mood Disorders

- Depression
  - Disabling sadness, hopelessness, apathy
  - Can manifest in physical symptoms
    - e.g. lack of appetite, poor sleep

- Bipolar Disorder
  - Depressive states
  - Manic states
    - Varying severity e.g. hypomania
  - Omnipotent feeling, make poor choices
  - Can have mixed states
Psychotic Disorders

- Schizophrenia
  - From Greek - Schizo (Split) pren (mind)
  - Refers to abnormal mental function
  - NOT split personality
- Disorganised type
  - e.g. Strange thinking, flat emotion
- Catatonic type
  - e.g. Unresponsive
- Paranoid type
  - e.g. Preoccupied with delusions, hallucinations
- Undifferentiated
  - e.g. None of the above
SYMPTOM CLASSIFICATION

- Positive symptoms
  - Presence of behaviour
  - e.g. Delusions, hallucinations

- Negative symptoms
  - Absence of behaviour
  - e.g. flat/no emotion
A CLEAR DISINCTION?

- Bipolar – Schizophrenia
- Mood Disorder – Psychotic Disorder
- Similar symptoms
  + e.g. Delusions, hallucinations
  + e.g. Emotional highs/lows
- Bipolar can be misdiagnosed

- Is there a distinction?
**HISTORY OF MENTAL ILLNESS**

- **Somatogenic**
  - Illness caused by physical means
    - Mad Hatter (Lewis Carroll, 1865)
    - Syphilis

- **Psychogenic**
  - Illness caused by the mind
  - Remember Sig. Freud (last week)!

- **Learning models**
  - Behaviourists e.g. Pavlov, Watson, Skinner
IT’S IN THE BIOLOGY

- Evidence from brains...to genetics

- But psychology understanding is still not brilliant
  - Undiagnosed patients
  - Medical treatment
OTHER DISORDERS

- Attention deficit
- Autism
- Eating disorders
- Dissociative disorder
- Multiple Personality
How is mental health perceived?

STAND UP TO STIGMA
Let's talk about MENTAL HEALTH