

Challenges in identifying mental disorders

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Challenges in Identifying Mental Disorders Tabitha Moyer Argosy A patient has to be diagnosed for ADHD (attention defaced hyper disorder), PTSD (post-traumatic stress disorder), eating disorder, anxiety disorder, or any other disorder that one can think of. However, there are always challenges for a psychiatrist to analyze when making diagnosis. For instance, psychiatrist looks at family background, education, culture, and age. Moreover, psychiatrists have the priority to ensure the person's needs are being met. Regardless of the expert's potential that a psychiatric may have, there are challenges that do occur when identifying mental disorder. Besides, human beings are prone to errors- two main errors are as follows. Firstly, the clinician may fail to identify the presence of a mental health problem and secondly, clinician may risk by making an incorrect diagnosis. In addition, when one is diagnosed by mental disorders, he or she may suffer from stigma or mental illness. Following the above, Social norms also play a vital part in identifying mental illness and the stigma.

First, failure to recognize the presence of a mental health problem may be due to diagnostic overshadowing (Reiss, Levitan&Szysko, 1982). Overshadowing is a process by which physical symptoms are mis--attributed to mental illness (Jones, 2008). To avoid overshadowing, the patient will be referred to clinicians to rule out anything that can medically cause the problems.

Secondly, due to tendencies of focusing to associated problems, clinicians may miss to diagnose mental health effectively, hence making an incorrect diagnosis. Following this, core features of a disorder may be obscured (Homatidis, 2012). Specifically, clinician will tent to focus on the medical symptoms such as high blood pressure, sexual dysfunctions, and other

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physical health related problems. It is pertinent to note that, it is hard for people's with mental illness to take care of themselves. This is characterized by not eating healthy, minimal exercise and getting insufficient sleep.

Furthermore, if a person has the above factors, he or she may develop high blood pressure. . " The prevalence of sexual dysfunctions is higher in persons with mental disorders, particularly those treated with psychotropic medications" (Zemishlany&Weizman, 2008). " Roughly, 60% of patients treated for enduring, maladaptive personality patterns cannot be diagnosed on AxisII. Nonetheless, these patients may suffer from clinical significant problems that can be recognized and be treated by clinicians of all theoretical orientations. Notably, it ranges from difficulties in regulating self-esteem and problems to aggression"(Westen&Arkowitz-Westen, 1998).

Apparently, when diagnosing mental illness, clinician has to look at the social norms for the patient's culture. However, these practices are not exculpable in some cultures but maybe perfectly fine in others. For instance, in India cutting is considered a form of art. On the other hand, in American, culture cutting is tough as being deviant.

Alternatively, stigma is universally recognized and so individuals with this problems are isolated, which leads to mental treatment delay. Following this, they face great social and economic burden (Shrivastava, Johnston & Bureau, 2012). Evidently, people often don't seek earlier treatment for mental illness until it is so severe and that are unable to hide it any longer. One known reason for resisting immediate help, is stigmas, which, people with mental illness have. Some of the stigma in place is retarder, crazy, or reject.

Besides, its hard for the clinician to proclaim that a certain person has a stigma in any respect. However, the clinicians usually oversee the person's

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symptoms. For instance, it is important to consider one's culture, social norms, and stigmatization of a person after being diagnosed with a mental illness. Diagnosing someone with a mental illness can change a person's life and how the society view them.

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