

# Know the main forms of mental ill health essay sample



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## 1. Describe the main types of mental ill health according to the psychiatric (dsm/icd) classification system: Mood Disorders

Mood disorder is the term designating a group of diagnoses in the Diagnostic and statistic manual of mental disorders (DSM IV TR) classification system where a disturbance in the person's mood is hypothesized to be the main underlying feature. The classification is known as mood (affective) disorders in ICD 10. English psychiatrist Henry Maudsley proposed an overarching category of affective disorder. The term was then replaced by mood disorder, as the latter term refers to the underlying or longitudinal emotional state, whereas the former refers to the external expression observed by others. Two groups of mood disorders are broadly recognized; the division is based on whether a manic or hypomanic episode has ever been present. Thus, there are depressive disorders, of which the best-known and most researched is major depressive disorder (MDD) commonly called clinical depression or major depression, and bipolar disorder (BD), formerly known as manic depression and characterized by intermittent episodes of mania or hypomania, usually interlaced with depressive episodes. However, there are also forms of depression of MDD and BD that are less severe and are known as dysthymic disorder (in relation to MDD) and cyclothymic disorder (in relation to BD).

### Personality Disorders

Personality disorder refers to a class of personality types and enduring behaviours associated with significant distress or disability, which appear to deviate from social expectations particularly in relating to other humans.

Personality disorders are included as mental disorders on Axis II of the

diagnostic manual of the American Psychiatric Association and in the mental and behavioural disorders section of the ICD Manual of the World Health Organisation. Personality, defined psychologically, is the set of enduring behavioural and mental traits that distinguish human beings. Hence, personality disorders are defined by experiences and behaviours that differ from societal norms and expectations. Those diagnosed with a personality disorder may experience difficulties in cognition, emotiveness, interpersonal functioning or control of impulses. In general, personality disorders are diagnosed in 40-60 percent of psychiatric patients, making them the most frequent of all psychiatric diagnoses.

These behavioural patterns in personality disorders are typically associated with substantial disturbances in some behavioural tendencies of an individual, usually involving several areas of the personality, and are nearly always associated with considerable personal and social disruption. Additionally, personality disorders are inflexible and pervasive across many situations, due in large part to the fact that such behaviour may be ego synotic (i. e. the patterns are consistent with the ego integrity of the individual) and are, therefore, perceived to be appropriate by that individual. This behaviour can result in maladaptive coping skills which may lead to personal problems that induce extreme anxiety, distress or depression. The onset of these patterns of behaviour can typically be traced back to early adolescence and the beginning of adulthood and, in some instances, childhood. Because the theory and diagnosis of personality disorders stem from prevailing cultural expectations, their validity is contested by some experts on the basis of invariable subjectivity. They argue that the theory

and diagnosis of personality disorders are based strictly on social, or even sociopolitical and economic considerations.

### Anxiety Disorders

Anxiety disorder is a blanket term covering several different forms of a type of common psychiatric disorder characterized by excessive rumination, worrying, uneasiness, apprehension and fear about future uncertainties either based on real or imagined events, which may affect both physical and psychological health. There are numerous psychiatric and medical syndromes which may mimic the symptoms of an anxiety disorder such as hyperthyroidism which is frequently misdiagnosed as generalized anxiety disorder. True anxiety disorders seem to have a variety of psychosocial causes; and may involve a genetic predisposition. Individuals diagnosed with an anxiety disorder may be classified in one of two categories; based on whether they experience continuous or episodic symptoms. Current psychiatric diagnostic criteria recognize a wide variety of anxiety disorders.

Recent surveys have found that as many as 18% of Americans and 14% of Europeans may be affected by one or more of them. The term anxiety covers four aspects of experiences an individual may have: mental apprehension, physical tension, physical symptoms and dissociative anxiety. Anxiety disorder is divided into generalized anxiety disorder, phobic disorder, and panic disorder; each has its own characteristics and symptoms and they require different treatment (Gelderet al. 2005). The emotions present in anxiety disorders range from simple nervousness to bouts of terror (Barker 2003). Standardized screening clinical questionnaires such as the Taylor Manifest Anxiety Scale or the Zung Self-Rating Anxiety Scale can be used to <https://assignbuster.com/know-the-main-forms-of-mental-ill-health-essay-sample/>

detect anxiety symptoms, and suggest the need for a formal diagnostic assessment of anxiety disorder

### Psychotic Disorders

Psychosis (from the Greek ψυχή “psyche”, for mind/soul, and -ωσις “-osis”, for abnormal condition or derangement) refers to an abnormal condition of the mind, and is a generic psychiatric term for a mental state often described as involving a “loss of contact with reality”. People suffering from psychosis are described as psychotic. Psychosis is given to the more severe forms of psychiatric disorder, during which hallucinations and delusions and impaired insight may occur. The term psychosis is very broad and can mean anything from relatively normal aberrant experiences through to the complex and catatonic expressions of schizophrenia and bipolar type 1 disorder. Moreover a wide variety of central nervous system diseases, from both external substances and internal physiologic illness, can produce symptoms of psychosis.

This led many professionals to say that psychosis is not specific enough as a diagnostic term. Despite this, “psychosis” is generally given to noticeable deficits in normal behaviour (negative signs) and more commonly to diverse types of hallucinations or delusional beliefs (e. g. grandiosity, delusions of persecution). Someone exhibiting very obvious signs may be described as “frankly psychotic”, whereas one exhibiting very subtle signs could be classified in the category of an “attenuated psychotic risk syndrome”. An excess in dopaminergic, and a deficit in glutaminergic (specifically NMDA) signalling correspond to positive and negative symptoms respectively. The NMDA antagonist MK-801 is used in animal models of schizophrenia, while <https://assignbuster.com/know-the-main-forms-of-mental-ill-health-essay-sample/>

paranoid and persecutory delusions are typical of methamphetamine users. In those with an organic psychosis, a complex cluster of genetic and environmental factors are involved in the creation of the endogenous imbalance of neurotransmitters observed in those with psychosis. People experiencing psychosis may exhibit personality changes and thought disorder. Depending on its severity, this may be accompanied by unusual or bizarre behaviour, as well as difficulty with social interaction and impairment in carrying out daily life activities

#### Substance related disorders Disorders

Substance use disorders include substance abuse and substance dependence. In DSM-IV, the conditions are formally diagnosed as one or the other, but it has been proposed that DSM-5 combine the two into a single condition called “ Substance-use disorder”

Substance abuse, also known as drug abuse, is a patterned use of a substance (drug) in which the user consumes the substance in amounts or with methods neither approved nor supervised by medical professionals. Substance abuse/drug abuse is not limited to mood-altering or psycho-active drugs. If an activity is performed using the objects against the rules and policies of the matter (as in steroids for performance enhancement in sports), it is also called substance abuse. Therefore, mood-altering and psychoactive substances are not the only types of drugs abused. Using illicit drugs - narcotics, stimulants, depressants (sedatives), hallucinogens, cannabis, even glues and paints, are also considered to be classified as drug/substance abuse. Substance abuse often includes problems with impulse control and impulsive behaviour.

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The term “ drug abuse” does not exclude dependency, but is otherwise used in a similar manner in nonmedical contexts. The terms have a huge range of definitions related to taking a psychoactive drug or performance enhancing drug for a non-therapeutic or non-medical effect. All of these definitions imply a negative judgment of the drug use in question (compare with the term responsible drug use for alternative views). Some of the drugs most often associated with this term include alcohol, amphetamines, barbiturates, benzodiazepines (particularly temazepam, nimetazepam, and flunitrazepam), cocaine, methaqualone, and opioids. Use of these drugs may lead to criminal penalty in addition to possible physical, social, and psychological harm, both strongly depending on local jurisdiction. There are many cases in which criminal or antisocial behavior occur when the person is under the influence of a drug. Long term personality changes in individuals may occur as well. Other definitions of drug abuse fall into four main categories: public health definitions, mass communication and vernacular usage, medical definitions, and political and criminal justice definitions. Substance abuse is prevalent with an estimated 120 million users of hard drugs such as cocaine, heroin and other synthetic drugs.

Substance dependence, commonly called drug addiction, is a drug user’s compulsive need to use controlled substances in order to function normally. When such substances are unobtainable, the user suffers from substance withdrawal. The section about substance dependence in the Diagnostic and Statistical Manual of Mental Disorders (more specifically, the 2000 “ text revision”, the DSM-IV-TR) does not use the word addiction at all. It explains: When an individual persists in use of alcohol or other drugs despite problems

related to use of the substance, substance dependence may be diagnosed. Compulsive and repetitive use may result in tolerance to the effect of the drug and withdrawal symptoms when use is reduced or stopped. This, along with Substance abuse are considered Substance Use Disorders.

### Eating Disorders

Eating disorders are conditions defined by abnormal eating habits that may involve either insufficient or excessive food intake to the detriment of an individual's physical and mental health. Bulimia nervosa and anorexia nervosa are the most common specific forms in the United Kingdom. Bulimia nervosa is a disorder characterized by binge eating and purging, and anorexia nervosa is characterized by immoderate food restriction and irrational fear of gaining weight. Though primarily thought of as affecting females (an estimated 5-10 million being affected in the U. K.), eating disorders affect males as well. An estimated 10 - 15% of people with eating disorders are males (Gorgan, 1999). (an estimated 1 million U. K. males being affected). Although eating disorders are increasing all over the world among both men and women, there is evidence to suggest that it is women in the Western world who are at the highest risk of developing them and the degree of westernisation increases the risk.

Nearly half of all Americans personally know someone with an eating disorder. The skill to comprehend the central processes of appetite has increased tremendously since leptin was discovered, and the skill to observe the functions of the brain as well. Interactions between motivational, homeostatic and self-regulatory control processes are involved in eating behaviour, which is a key component in eating disorders. The precise cause <https://assignbuster.com/know-the-main-forms-of-mental-ill-health-essay-sample/>



of eating disorders is not entirely understood, but there is evidence that it may be linked to other medical conditions and situations. Cultural idealisation of thinness and youthfulness have contributed to eating disorders affecting diverse populations.

One study showed that girls with ADHD have a greater chance of getting an eating disorder than those not affected by ADHD. Another study suggested that women with PTSD, especially due to sexually related trauma, are more likely to develop anorexia nervosa. One study showed that foster girls are more likely to develop bulimia nervosa. Some think that peer pressure and idealised body-types seen in the media are also a significant factor. Some research show that for certain people there are genetic reasons why they may be prone to developing an eating disorder. While proper treatment can be highly effective for many suffering from specific types of eating disorders, the consequences of eating disorders can be severe, including death (whether from direct medical effects of disturbed eating habits or from comorbid conditions such as suicidal thinking)

### Cognitive Disorders

Cognitive disorders are a category of mental health disorders that primarily affect learning, memory, perception, and problem solving, and include amnesia, dementia, and delirium. While anxiety disorders, mood disorders, and psychotic disorders can also have an effect on cognitive and memory functions, the DSM-IV-TR does not consider these cognitive disorders, because loss of cognitive function is not the primary (causal) symptom.

Causes vary between the different types of disorders but most include

damage to the memory portions of the brain. Treatments depend on how the <https://assignbuster.com/know-the-main-forms-of-mental-ill-health-essay-sample/>

disorder is caused. Medication and therapies are the most common treatments; however, for some types of disorders such as certain types of amnesia, treatments can suppress the symptoms but there is currently no cure.