

Introduction to mental disorder

[Psychology](#), [Psychotherapy](#)



A mental disorder or mental illness is a psychological pattern, potentially reflected in behavior, that is generally associated with distress or disability, and which is not considered part of normal development of a person's culture. Mental disorders are generally defined by a combination of how a person feels, acts, thinks or perceives. This may be associated with particular regions or functions of the brain or rest of the nervous system, often in a social context.

The recognition and understanding of mental health conditions have changed over time and across cultures and there are still variations in definition, assessment and classification, although standard guideline criteria are widely used. In many cases, there appears to be a continuum between mental health and mental illness, making diagnosis complex. According to the World Health Organisation (WHO), over a third of people in most countries report problems at some time in their life which meet criteria for diagnosis of one or more of the common types of mental disorder.

The causes of mental disorders are varied and in some cases unclear, and theories may incorporate findings from a range of fields. Services are based in psychiatric hospitals or in the community, and assessments are carried out by psychiatrists, clinical psychologists and clinical social workers, using various methods but often relying on observation and questioning. Clinical treatments are provided by various mental health professionals. Psychotherapy and psychiatric medication are two major treatment options, as are social interventions, peer support and self-help.

In a minority of cases there might be involuntary detention or involuntary treatment, where legislation allows. Stigma and discrimination can add to the

suffering and disability associated with mental disorders (or with being diagnosed or judged as having a mental disorder), leading to various social movements attempting to increase understanding and challenge social exclusion. Prevention is now appearing in some mental health strategies.

Conclusion

Stigma is both a proximate and a distal cause of employment inequity for people with a mental disability who experience direct discrimination because of prejudicial attitudes from employers and workmates and indirect discrimination owing to historical patterns of disadvantage, structural disincentives against competitive employment and generalized policy neglect. Against this background, modern mental health rehabilitation models and legislative philosophies, which focus on citizenship rights and full social participation, are to be welcomed.

Yet, recent findings demonstrate that the legislation remains vulnerable to the very prejudicial attitudes they are intended to abate. Research conducted during the past year continues to highlight the multiple attitudinal and structural barriers that prevent people with mental disabilities from becoming active participants in the competitive labour market.