**18 Issues in mental health**

A very brief history of mental disorder

* We can trace back much of our current understanding of mental disorder to the ancient Greeks, in whose writings we find reference to some of the same controversies we struggle with nowadays.

Modern assessment of abnormality

* In current practice there are a number of ways to identify a person’s state as abnormal, including statistical abnormality, dysfunction, distress, impairment, and deviation from social norms. To a greater or lesser extent these are used in the process of diagnosis.

Classification and diagnosis of mental disorder

* Most psychologists use systems like the DSM or ICD for diagnosis, but they do not necessarily agree with the diagnostic categories or even the practice of diagnosis.
* The DSM-5 and ICD-11 categorize each psychological disorder according to its quality, symptoms, severity, course, and other phenomena.

Critical perspectives on classification and diagnosis

* There are a number of serious criticisms of diagnosis, and British clinical psychologists recently called for a complete overhaul and a shift away from medical diagnosis.

Major mental disorders and personality disorders

Anxiety disorders

* Generalized anxiety disorder (GAD) defines the basic experience of anxiety: a feeling of tension, physiological arousal, and apprehension or worry about events that have not yet occurred.
* Phobias are powerful, disruptive, irrational fears. Specific phobias refer to a specific feared object, animal, or situation.
* Panic disorder consists of powerful anxiety over the possibility of experiencing a panic attack.
* Anxiety disorders result from combinations of causes, including genetic vulnerability, conditioning experiences, cognitive vulnerability, and early relationships

Depressive disorders

* Depressive disorders are characterized by sadness, hopelessness, helplessness, grief, guilt, and low feelings of self-worth.
* Major depressive disorder is the most commonly diagnosed psychological disorder. Virtually all patients with depression also suffer from anxiety. Many people suffer from chronic, persistent depression, and some are treatment-resistant.
* Genotypes, in combination with environmental factors, can predispose a person to become depressed.
* Depression is probably not due to a ‘chemical imbalance’, although many sorts of biochemical changes may be associated with depression.
* Hopelessness theory and Beck’s theory of negative cognitive triad describe cognitive vulnerabilities that can trigger depression given conducive sets of circumstance.
* Early life experiences including abuse and insecure attachment make depression much more likely.
* Women have much higher rates of depression and anxiety than men. There are some compelling feminist explanations for these figures.

Schizophrenia

* Schizophrenia affects very few people, but it is the most common psychotic disorder (ie, a disorder characterized by severely impaired ability to grasp reality and respond rationally). Its symptoms can be divided into two categories: positive symptoms (eg, hallucinations and delusions) and negative symptoms (eg, lack of appropriate emotional responses, facial expressions, or normal speech).
* Schizophrenia has a strong genetic component, and neurodevelopmental factors may also play a role in its development.
* Elements in the biological environment, such as smoking THC-rich cannabis (skunk) in adolescence, increase the risk of schizophrenia, probably by influencing gene expression in the developing brain.
* There are distinct cognitive elements to schizophrenia, and symptoms can be explained cognitively.
* There has been a large body of research into possible early experience and later schizophrenia. Early trauma and poor early relationships are associated with risk of schizophrenia; however, theories linking more specific parenting or family behaviours are generally unsupported.

Personality disorders

* Personality disorders are pervasive, chronic patterns of dysfunctional thinking and relating to the world. The personality disorders tend to be relatively stable through the lifespan and thus are fairly resistant to treatment. However compared with other psychological disorders, they result in a milder degree of impairment and dysfunction.
* Those with personality disorder suffer impairment in at least two of the following areas: identity, self-direction, empathy, and intimacy.

There are ten basic personality disorders according to the DSM-5. ICD-11 has diverged from DSM by identifying a single personality disorder and classifying individual cases according to severity and patterns of dysfunction.