

Overview of mental disorders

Mental disorders are illnesses that affect or are manifested in the brain. They may impact on the way a person thinks, behaves, and interacts with other people. The definition 'mental disorder' encompasses numerous psychiatric disorders that can vary in severity.¹

A mental disorder has a major impact on a person's wellbeing. It may interfere directly with their daily functioning (at home, work and socially) and adversely affect quality of life. Mental disorders are caused by a complex and poorly understood interaction between genetics, learned behaviour, personality, past psychological influences, physical health, present situation and coping skills. Mental disorders can have a physiological basis and arise from changes in brain chemistry.

Today most people who suffer from a mental illness — including those that can be extremely debilitating, eg schizophrenia — can be treated effectively and lead full lives.

Recognised mental illnesses are described and categorised in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). This book is compiled by the American Psychiatric Association and is updated periodically (see fact sheet 'Diagnosis of mental disorders' for more information on the DSM-IV).

Mental disorders can be divided into various classes.

Psychotic disorders

The main characteristics of these disorders are loss of insight and reality testing. People with psychotic disorders experience delusions and hallucinations and do not understand that these thoughts are abnormal.

The main psychotic disorders are schizophrenia, schizoaffective disorder and the delusional disorders.

- Schizophrenia is a serious mental disorder characterised by delusions, hallucinations, agitation, blunted affect, social withdrawal, apathy, anhedonia, and poverty of thought and content of speech.
- In schizoaffective disorder, both affective illness and schizophrenia symptoms are seen. The person's premorbid adjustment is usually good; there is usually a sudden onset of illness after a specific stressor. The prognosis of patients with schizoaffective disorders is better than that of patients with schizophrenia.
- Delusional disorder, formerly known as paranoid disorder, is characterised by persistent nonbizarre delusions.

or persistent emotional states that affect how a person acts, thinks and perceives his environment. People with mood disorders often suffer from overwhelming feelings of sadness (depression), while others suffer from alternating periods of mania and depression (bipolar disorder).

Eating disorders

Eating disorders are characterised by a marked disturbance in eating behaviour. The two major eating disorders are anorexia nervosa and bulimia nervosa.

Substance-use disorders

These are clinical syndromes that occur as a result of using substances that act on the central nervous system (CNS). Substance abuse causes decreased work or school performance, accidents, intoxication, absenteeism, and social consequences include violent crime and theft. Adolescents are the most vulnerable age group and men are more at risk of substance abuse than women. This category includes disorders related to alcohol, amphetamine, cocaine, cannabis and caffeine abuse and dependency.

Alcohol, a CNS depressant and intoxicant, is the most commonly abused psychoactive substance. Alcoholism is the excessive use of ethanol-containing beverages and its effects range from alcohol intoxication to withdrawal, withdrawal delirium and hallucinosis. Alcohol abuse and dependence can lead to behavioural disorders and other persistent problems due to chronic use eg persisting amnesic

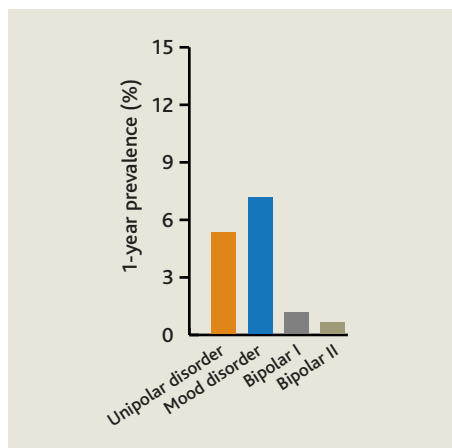
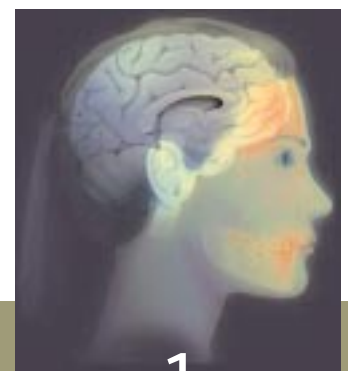


Figure 1. One year prevalence rates for mood disorders²

Mood disorders

Mood disorders are clinical conditions characterised by a disturbance of mood





disorder, Wernicke's encephalopathy and Korsakoff's syndrome.

Somatoform disorders

Somatoform disorders are the repeated presentation of physical symptoms with persistent requests for medical investigations in spite of negative findings and reassurances by doctors that the symptoms have no physical basis. If any physical disorders are present, they are insufficient to explain the severity of symptoms or patient distress.

Personality disorders

Personality disorders are deeply ingrained, maladaptive patterns of behaviour. The initial signs of personality disorders can be recognised in adolescence or earlier and symptoms often continue throughout adult life. Personality disorders can have an adverse effect both on the individual and on society.

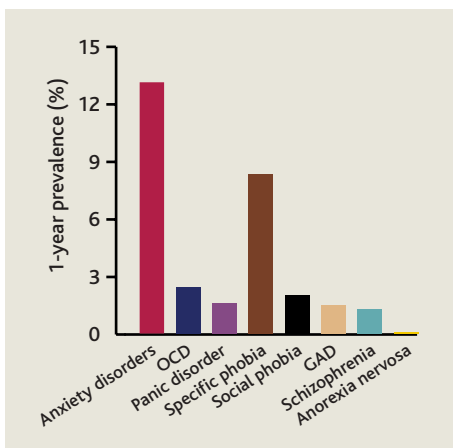


Figure 2. One year prevalence rates for major anxiety disorders²

Anxiety disorders

Anxiety disorders include various combinations of mental and physical manifestations of anxiety not attributable to real danger and occurring either in attacks (panic disorder) or as a persisting

state (generalised anxiety disorder). Anxiety symptoms include emotional (fear), cognitive (anxious thoughts) and bodily symptoms (increased heart rate), the latter being caused by stimulation of the autonomic nervous system.

Anxiety disorders also include:

- Phobias
- Social phobia (social anxiety disorder)
- Obsessive–compulsive disorder (OCD)
- Post-traumatic stress disorder (PTSD).

Dissociative disorders

People with dissociative disorders present with episodes during which they are unable to recall important personal information. These episodes of forgetfulness are too extensive to be explained by ordinary forgetfulness.

Impulse control disorders

This is a group of disorders characterised by a patient's failure to resist an impulse, drive or temptation to perform some act that is harmful to him/herself or to another.

Common impulse control disorders:

- Kleptomania: inability to resist impulses to steal objects that are not needed for personal use or for monetary value
- Pathological gambling: inability to resist placing a bet
- Trichotillomania: irresistible urge to pull out one's own hair
- Intermittent explosive disorder: characterised by irresistible aggressive impulses
- Pyromania: deliberately and purposefully setting fires
- Compulsive buying: irresistible urge to spend money on items that are not needed.

References

1. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, fourth edition. Washington, DC: American Psychiatric Association; 1994.
2. US Department of Health and Human Services. Mental Health: A Report of the Surgeon General —Chapter 2: The fundamentals of mental health and mental illness. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Centre for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

