Box 10.1 More About...Mental Disorders

Within the broad category of mental illness, many specific psychiatric conditions have been defined.

Affective disorders, also called mood disorders, affect the individual's emotional state and thinking. The most common are depression, bipolar disorder, and anxiety. Clinical depression is a serious medical illness with symptoms of ongoing sad mood, difficulty in concentration, sleep disturbances (inability to fall asleep and early waking), changes in appetite (either lesser or greater), changes in social behavior, and increased risk of suicide. Depression can develop in any person at any age. Although it is highly treatable with both medication and psychotherapy, it is frequently a lifelong condition in which periods of wellness alternate with recurrences of illness. Clinical depression affects twice as many women as men, though that varies with age. Young boys, before mid-puberty, are more likely to be depressed than girls. However starting at age 15 that shifts, with twice as many girls experiencing depression. That pattern remains until menopause, when some studies show rates of depression among men and women to be similar, but other studies show rates to still be higher among women (Faravelli, Scarpato, Castellini, & Lo Sauro, 2013). Women's greater vulnerability is thought to be due to a combination of biological, genetic, psychological, and social factors.

Bipolar disorder was previously called manic depression. To be diagnosed with bipolar disorder, the person must have had at least one episode of depression and one episode of mania. Manic episodes often include hallucinations or delusions, which can lead to a misdiagnosis of schizophrenia. About 1 percent of the population is affected by bipolar disorder, and it occurs equally in males and females. Psychotropic medications are effective in the treatment of bipolar disorder and can prevent recurrence of future manic episodes (National Institute of Mental Health, 2016).

Anxiety disorders are chronic or recurring states of tension, worry, fear, and uneasiness arising from unknown or unrecognized perceptions of danger. They include generalized anxiety disorder, acute stress disorder, obsessive-compulsive disorder, post-traumatic stress disorder, panic disorder, social phobia, specific phobia, and substance-induced anxiety disorder (Barker, 2003).

Considered the most severe type of anxiety disorder, panic disorder affects roughly 2.7 percent of the population, or 6 million Americans. It is twice as common in women as in men. It can appear at any age, but most often it begins in the young adult years. Feelings of terror occur with no warning. Between panic attacks, the person experiences persistent and lingering worry that another attack will begin at any minute. Panic disorder can be accompanied by other conditions like alcoholism or depression. It is treated with both medication and psychotherapy (Anxiety and Depression Association of America, 2016).

Obsessive-compulsive disorder (OCD) is characterized by anxious thoughts or rituals that the person feels she or he cannot control. The disturbing thoughts or images are called obsessions, and the rituals performed to dispel the thoughts are called compulsions. OCD can begin in childhood, adolescence, or adulthood, and affects about the same number of men as women. About 2.2 million Americans have OCD, and researchers have located a specific genetic component. Depression, anxiety, or eating disorders may accompany OCD. A specific type of behavioral therapy called exposure and response prevention has proven effective, as has psychotropic medication (Anxiety and Depression Association of America, 2016).

Schizophrenia is not as common as other types of mental illness, but it is often severe and disabling. Its symptoms include at least two of the following: hallucinations (hearing or sometimes seeing or smelling something that is not really there), delusions (thoughts or perceptions not related to reality), disorganized thinking or speech, inappropriate mood, flat emotions, and lack of motivation and energy. Although researchers have not yet determined what causes or can cure schizophrenia, there is likely a genetic component for some. It is known that schizophrenia can run in families. Scientists believe schizophrenia likely has an environmental component that interacts with genetics (National Institute of Mental Health, 2016).

Serious mental illness (SMI) and *serious and persistent mental illness (SMPI)* are legal terms for groups of mental disorders that interfere with social functioning sufficiently to require ongoing treatment. In many states, individuals with mental disorders must be assessed as meeting this criterion to qualify for public mental health services. Serious mental illnesses can include schizophrenia, bipolar disorder, and major depression, among others.

Biological and Psychological Factors

For centuries, people have distinguished between the human mind and the human body and have regarded mental health as separate from physical health. An example of this enduring belief is found in the US medical insurance system. Insurance plans generally provide full coverage for physical health problems, but not for mental health problems. The US surgeon general's 1999 report emphasized that mental illness and physical illness are inseparable. The "mind" is now understood by most researchers to be activities in the brain, a physical body organ. Current scientific research emphasizes that mental illness, in most cases, can be traced to physical changes in the brain. There is no real split between mind and body or between mental health and physical health.

Successfully diagnosing and treating **mental disorders** requires a biopsychosocial perspective that focuses on interactions between a person's social environment, medical history, past experiences (e.g., trauma, family, peers, school, larger sociocultural environment), psychological variables, and genetic factors. This complicated mix makes it necessary for mental health social workers to have a broad knowledge base that includes sociology, psychology, psychiatry, anthropology, neurobiology, pharmacology, immunology, and epidemiology. Perhaps most importantly, mental health social workers must keep up with advances in neuroscience and behavioral research that help explain the development and successful treatment of mental disorders.

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From childhood to adulthood and on through old age, there is variability in the diagnosis, course, and treatment of a mental disorder. For example, depression can cause a child to act out and engage in disruptive behavior, and the child can be treated for ADHD. As the child matures, disruptive behavior diminishes, and it is believed that the child no longer has a problem. However, the depression has not been treated, and during adolescence or young adulthood it may manifest itself in withdrawn behaviors and lead to social isolation. Early identification of the underlying depression could change the progression of the illness and lessen the possibility of later problems.

A social worker in the area of children's mental health needs to understand human development, age-appropriate behaviors, and language development in order to distinguish abnormal behavior from normal developmental stages. For example, a temper tantrum is a normal behavior in a 2-year-old child. However, serious tantrums that continue past that developmental stage may indicate a problem. The tantrums may be the child's reaction to a maladaptive environment or a warning sign of a mental health problem.

As people grow older, their vision, hearing, and memory decline, and their pulmonary and immune systems weaken. However, most older adults have stable intellectual functioning, continue to have the capacity for change, and are productively engaged with life. Just as children's development affects their mental health, normal adult development needs to be understood to accurately assess and treat psychiatric conditions in people who are aging.