Mental Disorders and their treatment
Module 5

Well being and happiness

- Positive Psychology's (PP) primary focus is on what people do right to obtain and maintain optimum happiness (Compton, 2005), by striving to understand and help people develop qualities that lead to greater personal fulfilment.

- The premise of PP is to promote factors that allow individuals to thrive and flourish by encouraging a change of focus in psychology from a preoccupation with repairing the worst things to a greater emphasis on discovering and building upon positive qualities.

- Positive psychology is firmly based on **humanistic theory**

- It takes interest in subjective experiences such as subjective wellbeing/happiness, flow, joy, optimism and hope.

- It has an interest in the thriving individual, paying particular attention to character strengths and virtues such as courage, perseverance, open-mindedness and wisdom.

- It aims to identify, study and enhance those qualities that improve on the positive subjective experiences and adaptive personality traits of individuals (Robbins, 2008).

- The concept of happiness is the corner stone of the assumptions of positive psychology.

- Happiness is characterized by the experience of more frequent positive affective states than negative ones as well as a perception that one is progressing toward important life goals (Tkach & Lyubomirsky, 2006).

- Certain kinds of environmental factors or conditions have been found to be associated with happiness and include such things as; individual income, labour market status, health, family, social relationships, moral values and many others (Carr, 2004; Selim, 2008; Diener, Oishi & Lucas, 2003)

- There are two main theoretical perspectives which focus on addressing the question of what makes people feel good and happy.

- These are the hedonic and eudaimonic approaches to happiness (Keyes, Shmotkin, & Ryff, 2002

- *Hedonic well-being* is based on the notion that increased pleasure and decreased pain leads to happiness.

- Hedonic concepts are based on the notion of subjective well-being.

- Subjective well-being is a scientific term that is commonly used to denote the 'happy or good life'.

- It comprises of an affective component (high positive affect and low negative affect) and a cognitive component (satisfaction with life).

- It is proposed that an individual experiences happiness when positive affect and satisfaction with life are both high (Carruthers & Hood, 2004)

- *Eudaimonic well-being,* on the other hand, is strongly reliant on Maslow's ideas of self-actualisation and Roger's concept of the fully functioning person and their subjective wellbeing.
- Eudaimonic happiness is therefore based on the premise that people feel happy if they experience life purpose, challenges and growth.
- This approach adopts Self-Determination Theory to conceptualise happiness (Keyes et al., 2002; Deci & Ryan, 2000).
- Self-determination theory suggests that happiness is related to fulfilment in the areas of autonomy and competence.
- From this perspective, by engaging in eudaimonic pursuits, subjective wellbeing (happiness) will occur as a by-product.

- *Hedonic (Subjective Wellbeing)*: Presence of positive mood, absence of negative mood; satisfaction with various domains of life (e.g. work, leisure); global life satisfaction

- *Eudaimonic (Psychological Wellbeing)*: Sense of control or autonomy; feeling of meaning and purpose; personal expressiveness; feelings of belongingness; social contribution; competence; personal growth; self-acceptance.

Factors contributing to happiness and well being:

- Personality Traits and Happiness

- Biology of happiness: Dopamine

- Family environment, education level, and cultural factors all have an impact on an individual's sense of happiness and wellbeing (Compton, 2005)

- Culture

- Authentic happiness: the combination of behaviours that constitutes happiness and a good life; in this context refers to both the ability to recognise and take responsibility for one's own psychological experiences and the ability to act in ways that are consistent with those experiences. Authentic happiness is thought to derive from the identification and cultivation of signature strengths and virtues (Robbins, 2009).

Mental health and Hygiene

- Mental hygiene: the art of developing, maintaining, and promoting necessary behavioural, emotional, and social skills to sustain good, effective and efficient mental health
- Mental ill-health is defined as the absence of the qualities of positive mental health in the individual

Factors associated with MH:

- Reality contact
- Impulse control
- Self esteem
- Positive thoughts
- Self care

Mental Disorders and their treatment

- Many terms may be used, such as "mental illness", "mental health problems" or "behavioral disorders."

- Each disorder is different in each person.

- There is no "have it" or "don't have it". Mental health is a continuum or spectrum.

- Mental disorders vary from person to person and from time to time.

- Most persons with identified mental disorders respond positively to treatment.
- A person cannot "catch" a mental disorder from another person, although genetics do influence the development of some disorders.
- Parents with mental disorders do not necessarily "cause" disorders in their children.

Judging abnormality and psychological disorder

- Social context: Szaz (1960) and Scheff (1966) suggest deviation from accepted social norms

- Distress in others: deviation that causes distress to those around, across situations

- Subjective distress of the individual : (I) feelings of dissatisfaction, sadness, anxiety or lethargy; (2) physical complaints such as nausea or headaches; (3) unwanted thoughts or impulses

- A matter of degree

- Impairment in adaptive functioning

Impact of mental disorders

- *Thought processes, moods and emotions* are affected by mental disorders.

- Mental disorders are biologically based.

- What matters most is the life impact.

- Disorders can be more, or less, serious, and may change over time.

- Cause is less important than current impact.

- Violence is not associated with all disorders.

The Recovery Model

- Persons with mental disorders can, on their own or with treatment, learn to function positively and effectively in the community.

- Early identification, appropriate assessment, effective care planning and appropriate treatment make a difference.

- Persons with mental disorders can successfully and safely raise their children into adulthood.

Classification systems

- ICD 11 (WHO)
- DSM V

Categories of psychological disorders

Mental health disorder types	Examples of mental health disorder mentions in police reports
Mental disorders due to known physiological conditions	vascular dementia, unspecified dementia
Mental and behavioural disorders due to psychoactive substance abuse	alcohol related disorders, cannabis addiction, nicotine dependence
Schizophrenia, schizotypal, delusional and other non-mood psychotic disorders	schizophrenia, delusions, schizoaffective disorder
Mood [affective] disorders	manic episodes, bipolar disorder, depression
Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders	phobia, dissociative disorder, body dysmorphic disorder
Behavioural syndromes associated with physiological disturbances and physical factors	eating disorders, bulimia, anorexia
Disorders of adult personality and behaviour	paranoid personality disorder, borderline personality disorder, kleptomania
Intellectual disabilities	intellectual disability, severe intellectual disability
Pervasive and specific developmental disorders	autism, mathematics disorder, phonological disorder
Behavioural and emotional disorders with onset usually occurring in childhood and adolescence	attention deficit hyperactivity disorder, antisocial personality disorder, transient tic disorder
Unspecified mental disorder	mental health issues, mental condition, mental health problem
Intentional self-harm	self-harm, cut herself on purpose, self-harming issues
Injury of unspecified body region	suicide attempt, multiple suicide attempt, attempted to kill himself
Symptoms, signs and abnormal clinical and laboratory findings	suicidal ideation, suicidal thoughts, suicidal tendencies
Diseases of the nervous system	Alzheimer's disease, Huntington's disease, frontotemporal dementia
Chromosomal abnormalities, not elsewhere classified	Down syndrome
Drug prescription abuse	addiction in prescribed medications, abusing prescribed meds
Traumatic brain injury	brain damage, serious brain injury, brain trauma
Substance abuse	substance abuse problem, ongoing drug abuse problems
Mental health medications antipsychotics	Clozapine, anti psychotic medications, Risperdal
Mental health medications neuroleptics	neuroleptic medications, neuroleptic drugs
Mental health medications anti-anxiety	Xanax, medications: anxiety, Alprazolam
Mental health medications antidepressants	Escitalopram, Anafranil, anti-depressant medication
Unspecified drug induced disorders	drug induced disorder, drug induced mental health problem

DSM-5 Categories of Mental Disorders

DSM-5 Category	Symptoms	Examples
Schizophrenia and other psychotic disorders	Characterized by the presence of psychotic symptoms including hallucinations, delusions, disorganized speech, bizarre behavior, or loss of contact with reality.	Schizophrenia paranoid type, Schizophrenia disorganized type, Schizophrenia catatonic type, Delusional disorder, Jealous type.
Mood Disorders	Characterized by periods of extreme or prolonged depression or mania or both.	Major depressive disorder, Bipolar disorder.
Anxiety Disorders	Characterized by anxiety and avoidance behavior.	Panic disorder, Social phobia, Obsessive Compulsive disorder, Posttraumatic stress disorder.
Somatoform disorders	Physical symptoms are present that are psychological in origin rather than due to a medical condition.	Hypochondriasis, Conversion disorder.
Dissociative Disorders	One handles stress or conflict by forgetting personal information or one's whole identity, or by compartment-alizing the trauma or conflict into a split-off alter personality.	Dissociative amnesia, Dissociative fugue, Dissociative identity disorder.
Personality Disorders	Characterized by long-standing, inflexible, maladaptive patterns of behavior beginning early in life and causing personal distress or problems in social and occupational functioning.	Antisocial personality disorder, Histrionic personality disorder, Narcissistic personality disorder, Borderline personality disorder.
Substance Related Disorders	Undesirable behavioral changes result from substance abuse, dependence, or intoxication.	Alcohol abuse, Cocaine abuse
Disorders Usually First Diagnosed In Infancy, Childhood, Or Adolescence	Include mental retardation, learning disorders, communication disorders, developmental disorders, attention-deficit and disruptive behavior disorders, tics, and elimination disorders.	Conduct disorder, Autistic disorder, Tourette's Syndrome, Stuttering.
Eating Disorders	Characterized by severe disturbances in eating behavior.	Anorexia nervosa, Bulimia nervosa.

Psychological disorders

- In childhood and adolescence: mental retardation, autism spectrum disorders, ADHD, eating disorders, mood disorders, psychosis, anxiety disorders

- Substance use disorders

- Schizophrenia and delusional disorders

- Mood disorders

- Anxiety disorders

- Personality disorders

Therapy models

- **Behavioral**–cause is secondary; primary goal to understand A-B-C and change behaviors
- **Biological**–treats the physical root cause
- **Ecological**–cause and treatment lie with the interaction between the person and their environment.
- **Interactive**–all other models may be used
- **Psychoanalytic**–internal mental life and past experience drive a person's reality

Treatment

- Evidence-Based Practices (EBPs)
- EBP Resource Kits (SAMHSA/CMHS)
- Illness management and recovery
- Assertive Community Treatment
- Family psychoeducation
- Supported employment
- Co-occurring Disorders: Integrated Dual Diagnosis treatment

MH Interventions

- Medication

- Education

- Counseling or Therapy

- Care Management
  Respite Care

- Assertive Community Treatment (ACT) Teams

- Self-Help Groups

- Residential or Institutional Care

Resistance to treatment

- People don't always follow recommendations: – Treatment is the person's choice

Reinforcement and support helps

Treatments effect different people differently

Finding alternatives

Impact of trauma on parents in child welfare

- Trauma increases risk for mental disorders.

- Parents learn to parent from their parents.

- Childhood trauma affects parenting.

- Child abuse *sometimes* crosses generations.

Stress and Disorders

Always more than meets the eye:

- Effect of current and past events

- Poverty and mental disorders

- Individual experience of stress

- Co-occurring disorders

- Addressing stress improves care of children

Mental Disorders and Violence

- Less risk of violence in persons with mental disorders
- Psychosis and unpredictable mood and/or behavior
- Bipolar mood disorders
- Personality disorders
- Depression and suicide
- Substance abuse
- Suicide risk

Context of Mental Disorders

- Mental disorders: diseases of *mood, thought, emotion* or *perception*
- Each disorder is different, and each person expresses a disorder uniquely
- Context or environment affects the way a person expresses their disorder
- Persons with mental disorders:
- *May become isolated from informal support.*
- *May turn to negative sources of support.*
- *May not recognize their bad judgment.*
- *May not recognize any impact on their children.*

Premise of Recovery

- #1All individuals are unique with specific needs, goals, attitudes, and beliefs in recovery.

- #2Persons in recovery share some similarities but follow their own pathways.

- #3All persons get equal access to treatment and can participate in their own recovery.

- #4Treatment funding should be used to support recovery-oriented approaches and services.

- Supportive Relationships
- Renewing Hope and Commitment
- Finding a Niche in the Community
- Redefining Self
- Incorporating symptoms in daily schedule and decision making
- Overcoming Stigma
- Assuming Control
- Managing Symptoms
- Becoming an Empowered Citizen