MENTAL HEALTH
MENTAL ILLNESS

EVMORFIA KOUKIA

Professor in Psychiatric/Mental Health Nursing

School of Health Sciences

Faculty of Nursing – Medical School

ekoukia@nurs.uoa.gr

https://www.linkedin.com/in/evmorfia-Koukia-2876a31a

Mental Health - Definition

The WHO constitution states: "*Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.*" An important implication of this definition is that mental health is more than just the absence of mental disorders or disabilities.

“Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community.”

Factors influencing a person's mental health

1. **Individual/personal factors** include a person's biological make up, autonomy and independence, self-esteem, capacity for growth, vitality, ability to find meaning in life, emotional resilience or hardiness, sense of belonging, reality orientation, and coping or stress management abilities.

2. Interpersonal/ relationship factors include effective communication, ability to help others, intimacy, and a balance of separateness and connectedness.

3. Social/cultural/environmental factors include a sense of community, access to adequate resources, intolerance of violence, support of diversity among people, mastery of the environment, and a positive, yet realistic, view of one's world.

Mental illness - Definition

The American Psychiatric Association (APA, 2000) defines a mental disorder as "a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and is associated with present distress or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom.

General criteria to diagnose mental disorders include dissatisfaction with one's characteristics, abilities, and accomplishments, ineffective or unsatisfying relationships, dissatisfaction with one's place in the world, ineffective coping with life events and lack of personal growth.

Factors contributing to mental illness

1. **Individual factors** include biologic make up, intolerable or unrealistic worries or fears, inability to distinguish reality from fantasy, intolerance of life's uncertainties, a sense of disharmony in life, and a loss of meaning in one's life.

2. **Interpersonal factors** include ineffective communication, excessive dependency on or withdrawal from relationships, no sense of belonging, inadequate social support, and loss of emotional control.

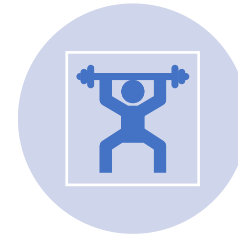
3. **Social/cultural factors** include lack of resources, violence, homelessness, poverty, an unwarranted negative view of the world, and discrimination.

Mental Illness: 5 Functions Disrupted

PERCEPTION

THINKING

EMOTION

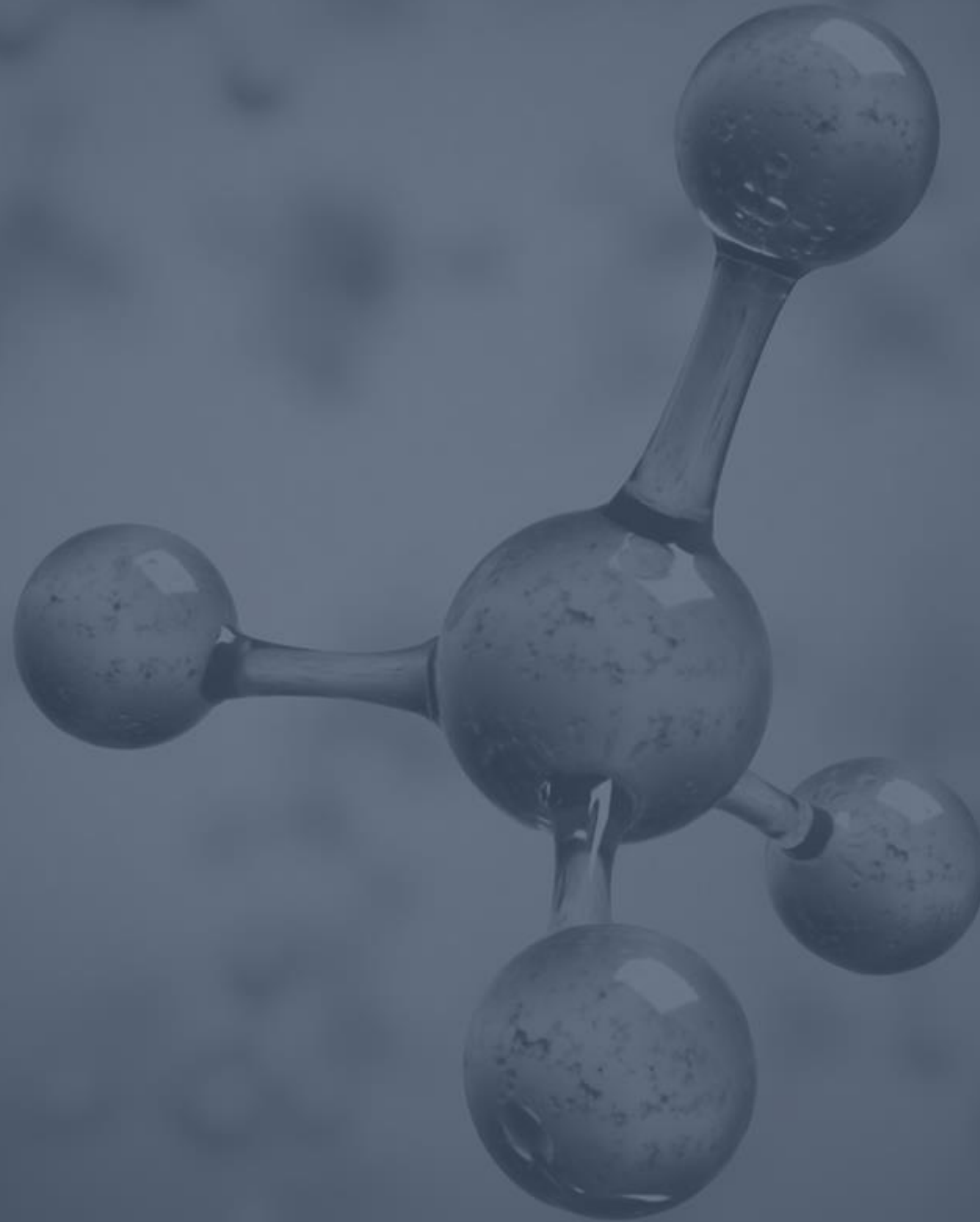


PHYSICAL

BEHAVIOR

CAUSES

- Genetic factor
- Biological Factors
- Psychosocial Factors
- BRAIN DISORDER



The THERAPEUTIC assessment includes the following sectors

Demographics.

Present problem presented by the patient.

Previous psychiatric history, previous hospitalization.

Present organic condition, chronic diseases, medication.

Individual - Development history - Family history

Mental state: level of sensitivity, orientation, thought process, judgment, memory, comprehension, intelligence, thought content.

Emotional state: behavior, mood, emotional reaction to the problem, external influences.

Behavioral state

Activity level (calm or agitated)

Content and quality of speech (logical relevance, rhythm etc)

Addictions : drug use, alcoholism.

Socio-economic level: work, earnings, insurance, social relations, professional relations.

Cultural level and religious beliefs: moral values, philosophy of life, faith.

Support system, reference persons, relationships.

Mental state examination

- Patients' Name:
- Examiners' Name:
- Interview Date:
- Appearance
- Behavior

- Kinetic behavior
- Complex behavior

- Speaking
- Sentimentality
- Thought

- Content of thought
- Flow and structure of thought

- Perception
- Understanding
- Anesthesia
- Sleep - Appetite - Sexual function
- Physical discomfort - symptoms
- Attitude towards the examiner
- Reliability

Elements of the patient's behavior at the time of the interview:

- **Behavior during the interview**
- **Patient's mobility**
- **Speaking ability and its relation to the thought process**
- **Concentration, orientation, memory**
- **Emotional mood**
- **Content of thought**
- **Motivation for change**
- **Judgement and critical ability**
- **Level of Insight**

Many disorders begin during CHILDHOOD

- Autism Spectrum Disorders (ASD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Generalized Anxiety Disorder (GAD)

ADOLESCENCE - ADULTHOOD

- Psychosis
- Neurosis

Psychosis

DEPRESSION

BIPOLAR

SCHIZOPHRENIA

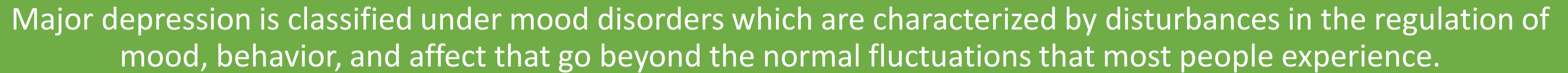
DSM 5 Depressive Disorders

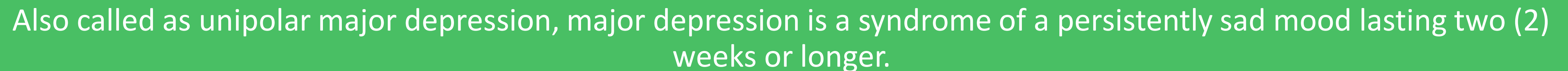
- Disruptive Mood Dysregulation Disorder
- Major Depressive Disorder
- Persistent Depressive Disorder (Dysthymia)
- Premenstrual Dysphoric Disorder
- Substance/Medication-Induced Depressive Disorder
- Depressive Disorder Due to Another Medical Condition

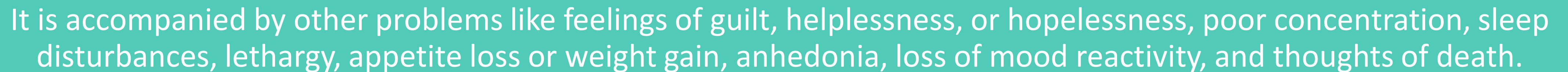
Introduction

- Depression, is a common mental disorder, that **affects more than 264 million people worldwide.**
- It can act on emotions, thoughts and actions of a person.
- Depression causes feelings of sadness and/or a loss of motivation for activities of everyday life. It can also disturb sleep and appetite.
- It can lead to a variety of **emotional and physical problems**, that can lead to dysfunction.
- **The causes** of depression are **complex,** including social, psychological and biological factors. (WHO)

Definition







Suicide is the most serious complication of major depression. It occurs in nearly 15% of patients with untreated depression.

Major Depressive Disorder - Diagnostic Criteria

A.>/= 5 of the following symptoms have been present for a 2-week period and represent a change from previous functioning: at least one of the symptoms is either (1) or (2) .

1.Depressed mood most of the day, nearly every day, as indicated by either subjective report or observation made by others.

2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.

3. Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day.

4. Insomnia or hypersomnia nearly every day.

5. Psychomotor agitation or retardation nearly every day .

6. Fatigue or loss of energy nearly every day.

7. Feelings of worthlessness or excessive or inappropriate guilt nearly every day.

8. Diminished ability to think or concentrate, or indecisiveness, nearly every day.

9. Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

B. The symptoms cause clinically significant distress or impairment in social, occupational.

C. The episode is not attributable to another medical condition.

D. The occurrence of the major depressive episode is not better explained by other mental disorders.

E. There has never been a manic episode or a hypomanic episode.

Persistent Depressive Disorder (Dysthymia) - Diagnostic Criteria

A. Depressed mood for most of the day, for more days than not, as indicated by either subjective account or observation by others, for at least 2 years.

B. Presence, while depressed, of two (or more) of the following:

1. Poor appetite or overeating.
2. Insomnia or hypersomnia.
3. Low energy or fatigue.
4. Low self-esteem.
5. Poor concentration or difficulty making decisions.
6. Feelings of hopelessness.

C. During the 2-year period of the disturbance, the individual has never been without the symptoms in Criteria A and B for more than 2 months at a time.

D. Criteria for a major depressive disorder may be continuously present for 2 years.

E. There has never been a manic episode or a hypomanic episode, and criteria have never been met for cyclothymic disorder.

F. The disturbance is not better explained by any other mental disorder.

G. The symptoms are not attributable to the physiological effects of a substance or another medical condition.

H. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Clinical Manifestations

1. **Depressed mood**. The affect of a depressed person is one of sadness, dejection, helplessness, and hopelessness.

2. **Anhedonism**. There is decreased attention to and enjoyment from previously pleasurable activities.

3. **Weight changes**. Unintentional weight change of 5% or more in a month.

4. Change in **sleep pattern**. Sleep disturbances are common, either insomnia or hypersomnia.

5. **Agitation or psychomotor retardation**. A general slowdown of motor activity commonly accompanies depression.

6. **Tiredness**. Physically there is evidence of weakness and fatigue-very light energy to carry on with the activities of daily living (ADLs).

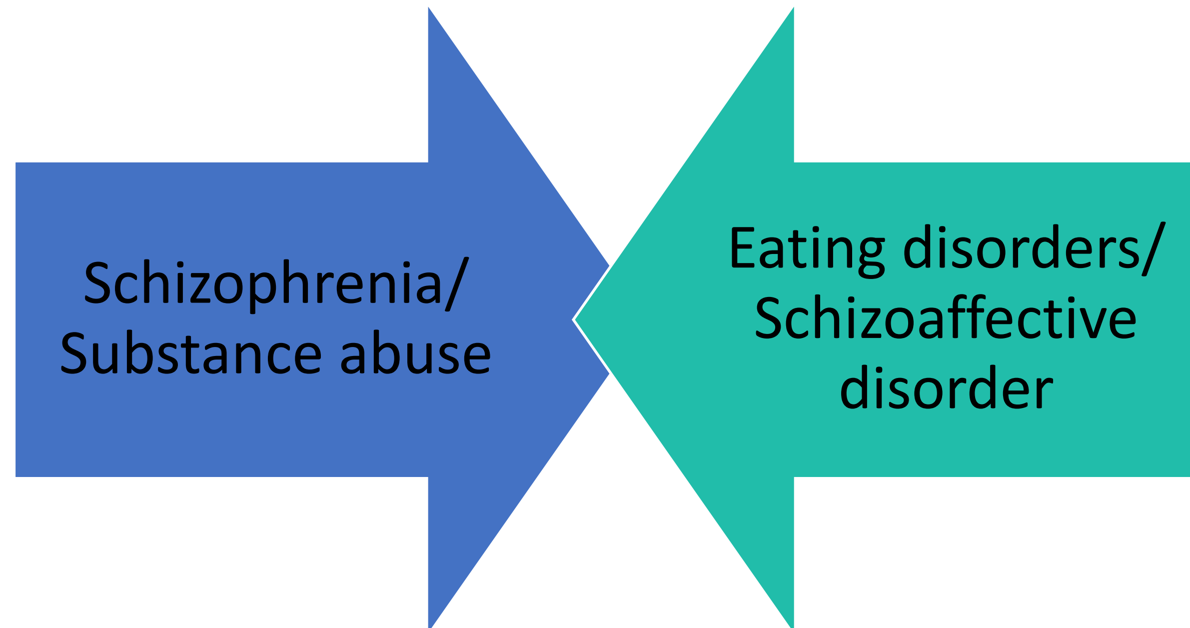
7. **Worthlessness or guilt** inappropriate to the situation (probably delusional).

8. **Difficulty thinking, focusing, and making decisions**.

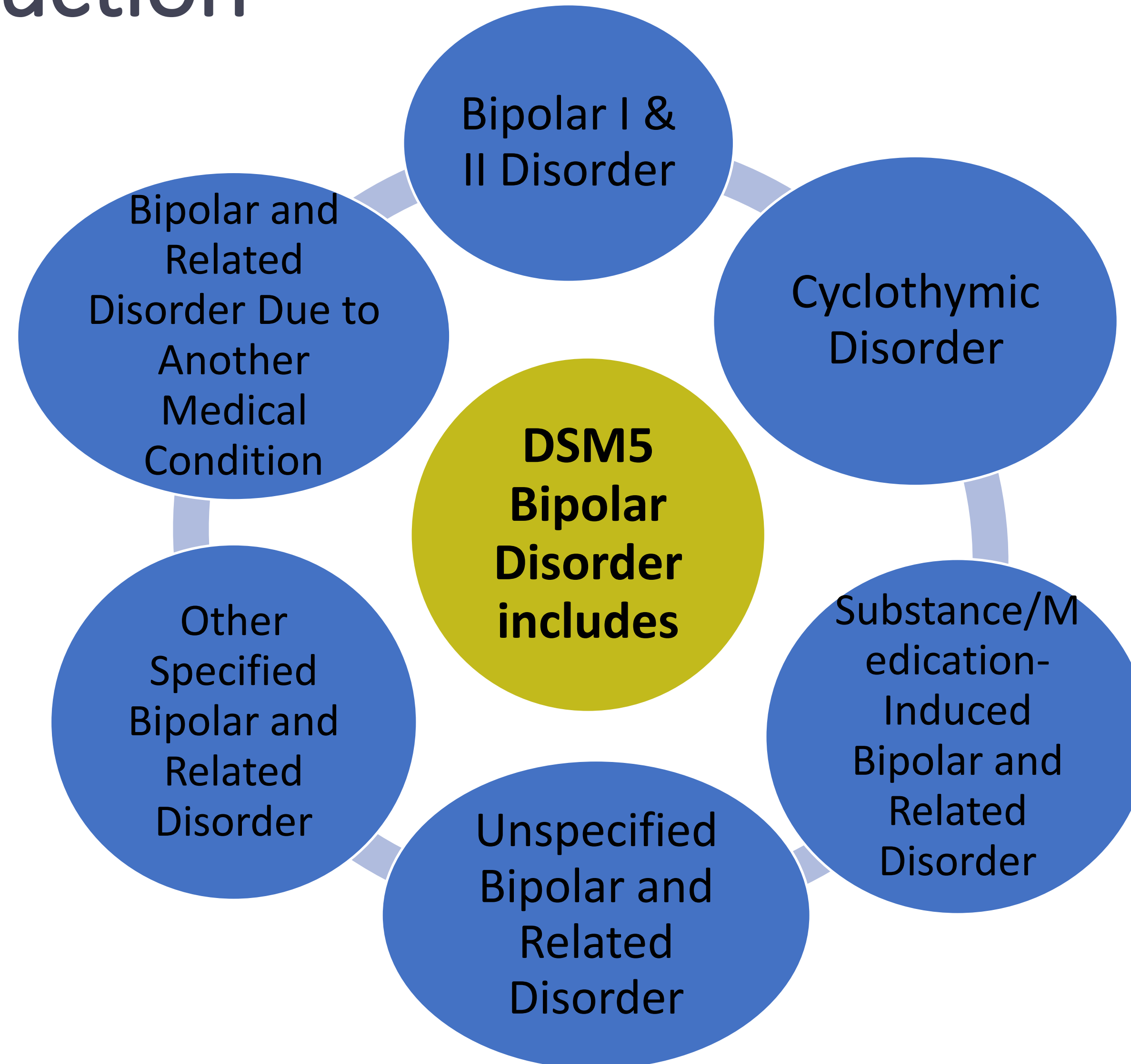
9. **Hopelessness, helplessness, and/or suicidal ideations**.

Comorbidity

Depressive Disorders, are frequently accompanied by other psychiatric disorders such as:



BIPOLAR DISORDERS
Introduction



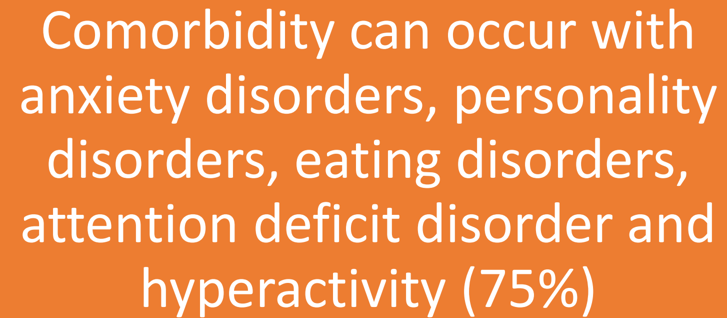
Definition

According to DSM 5, Bipolar disorder is a chronic mood syndrome, which includes mood episodes, that are characterized by mania, hypomania, depression and mixed episodes. Periods of normal functioning may alternate with periods of poor functioning (illness).

Statistics and Incidences

- Globally, the life-long **prevalence rate** of bipolar disorder is **0.3 to 1.5%.**
- For both bipolar I and bipolar II, **the age range is from childhood to 50 years**, with a mean age of approximately 21 years, with an average age of about 20 years. Most cases of bipolar disorder start when people are 15-19 years old. The second most common age range is 20-24 years.
- People with **a high socio-economic level** appear a **higher risk** of occurrence.
- Little information exists on specific cultural differences in the expression of bipolar I disorder.
- The lifetime risk of suicide in individuals with bipolar disorder is estimated to be at least 15 times that of the general population. In fact, bipolar disorder may account for one-quarter of all completed suicides.

Comorbidity



Substance use, often co exists

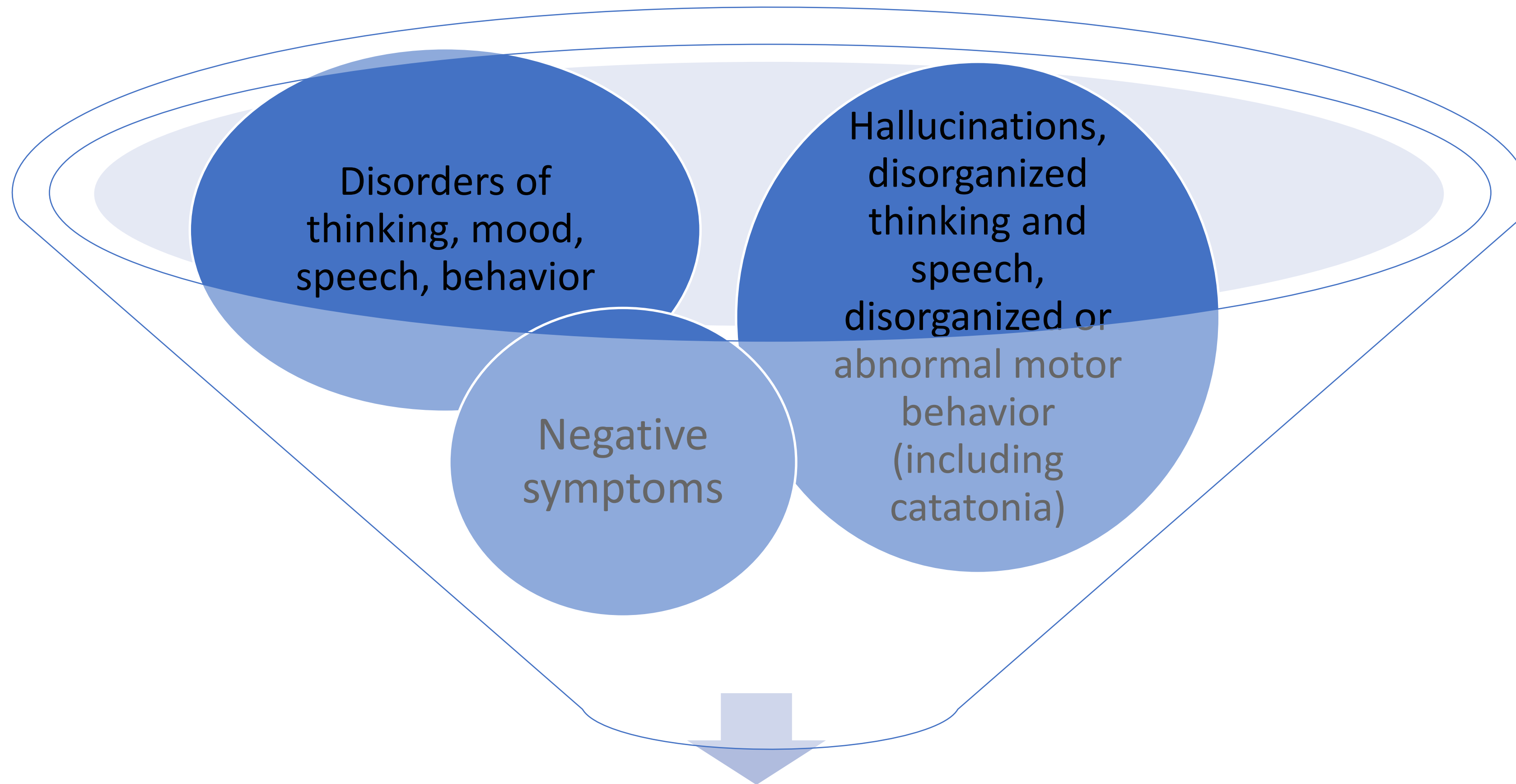
Clinical Manifestations (1)

- **Heightened, grandiose, or agitated mood.** The affect of a manic individual is one of elation and euphoria- a continuous “high”.
- **Exaggerated self-esteem.** Usual inhibitions are discarded in favor of sexual and behavioral indiscretions.
- **Sleeplessness.** Sleep patterns are disturbed; client becomes oblivious to feelings of fatigue, and rest and sleep are abandoned for days or weeks.
- **Increased number of activities with increased energy.** Motor activity is constant, the individual is literally moving at all times.

Clinical Manifestations (2)

- Multiple, grandiose, high-risk activities, using poor judgement, with severe consequences.
- **Pressured speech.** Loquaciousness, or pressured speech, is so forceful and strong that it is difficult to interrupt maladaptive thought processes.
- **Flight of ideas.** There is a continuous, rapid shift from one topic to another.
- Reduced ability to filter out extraneous stimuli, easily distractible. There is inability to concentrate because of a limited attention span, the individual is easily distracted by even the slightest stimulus in the environment.

SCHIZOPHRENIA SPECTRUM Introduction



DSM 5

"Schizophrenia Spectrum and Other Psychotic Disorders"

DSM – 5: Schizophrenia Spectrum and Other Psychotic Disorders

- 1. Schizophrenia
- 2. Brief Psychotic Disorder
- 3. Schizophreniform Disorder
- 4. Schizoaffective Disorder
- 5. Substance/Medication-Induced Psychotic Disorder
- 6. Psychotic Disorder Due to Another Medical Condition
- 7. Catatonia
- 8. Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
- 9.Unspecified Schizophrenia Spectrum and Other Psychotic Disorder
- 10. Delusional
- 11. Schizotypal Personality Disorder

Types of schizophrenia

Schizophrenia is classified into five subtypes:

1. Paranoid
2. Disorganized
3. Catatonic
4. Undifferentiated
5. Residual

Statistics and incidences

- ✓ Schizophrenia affects 1.1% of the population.
- ✓ Schizophrenia occurs in all societies without regard to class, color, and culture.
- ✓ The lower social classes have been observed to be most affected by the upper social strata of the population .
- ✓ Affects both men (late teens or early 20s) and women (mid-20s to early 30s) equally.
- ✓ The age of onset of schizophrenia is quite interesting from 16-25 years and the onset of symptoms is not common after the age of 40, while it is rare after 50 and before 10.
- ✓ Substance use plays an important role as it appears that 75% of people with schizophrenia smoke or 30 to 50% use drugs, without it being clear whether it is ultimately a primary risk factor.

Comorbidity

- **Substance abuse disorders** occur in approximately 40 – 50% of individuals with schizophrenia.
- **Nicotine dependence** may be as high as 80 to 90 %. A common consequence is high rates of emphysema and other pulmonary and cardiac problems.
- **Depressive symptoms** occur frequently in schizophrenia. A significant percentage of suicides on schizophrenia occurs during periods of remission after 5 to 10 years of illness.
- **Anxiety disorders** also found higher in individuals with schizophrenia.
- Last but not least, **psychosis – induced polydipsia** occurs in 6% to 20% of people with chronic mental illness.

Signs and Symptoms

1. Positive symptoms of schizophrenia
2. Negative symptoms of schizophrenia
3. Cognitive symptoms of schizophrenia

1. Positive symptoms of schizophrenia

They indicate that the patient has lost touch with the reality

1. **Illusions:** auditory, visual, tactile / sensory, taste, olfactory, sexual
2. **Delusional ideas:** with jealous, persecutory, religious, hypochondriac content
3. **Thought disorders**: loud thinking, thought echo, incoherence, thought interception, interference from others, thought transmission, flattening / peripheral speech, absurdity
4. **Behavioral / will disorders**: disturbed appearance, stereotypical movements, aggression.

2. Negative symptoms of schizophrenia

They reflect the absence of normal characteristics. People appear to withdraw from the world around them, take no interest in everyday social interactions, and often appear emotionless and flat

1. Emotion: level, inappropriate, apathy, absent, blunted or incongruous emotional responses, social withdrawal, anhedonia.
2. Thought / attention: stereotypical thinking, poor speech content, speech impediments, reason, attention deficit
3. Will / behavior: psychomotor retardation, involuntary, neglect of appearance, social isolation, reduction or absence of sexual intercourse, lack of interest, lack of energy, lethargy.

They reflect patients’ abnormal thinking, poor decision – making and problem – solving skills and difficulty in communication

1. Thought is characterized by confused thinking and speech (e.g., incoherent ramblings, loose association, word salad, wandering).
2. Bizarre behavior include childlike silliness, laughing or giggling, agitation, inappropriate appearance, hygiene, and conduct.

NEUROSIS

ANXIETY DISORDERS

PERSONALITY DISORDERS

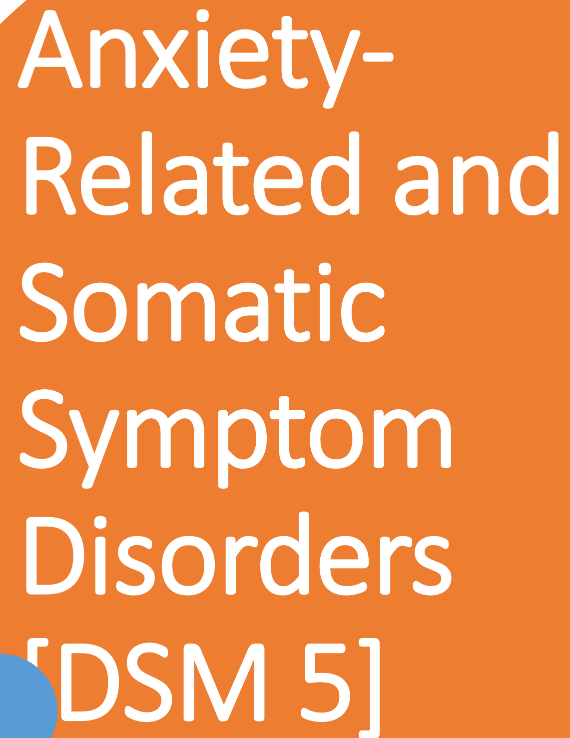
EATING DISORDRS

SUBSTANCE DISORDERS

ANXIETY DISORDERS Introduction

Anxiety disorders involve characteristics of excessive fear and anxiety and linked behavioral disturbances. There are several types of anxiety disorders including:

- generalized anxiety disorder
- agoraphobia
- separation anxiety disorder
- selective mutism
- specific phobia
- social anxiety disorder or social phobia
- panic disorder
- substance/medication-induced anxiety disorder
- anxiety disorder due to another medical condition.



Anxiety-Related and Somatic Symptom Disorders [DSM 5]

1. Stress and Anxiety
2. Generalized Anxiety Disorder
3. Panic Disorder without agoraphobia
4. Phobic anxiety disorders agoraphobia, social phobia, specific phobias
5. Obsessive - Compulsive Disorder
6. Post traumatic stress disorder
7. Adjustment Disorder
8. Somatic Symptom (Somatoform) disorders

Anxiety Disorders: Types, Treatments, Symptoms, and More...

What anxiety may look like

Kids

Children commonly describe more physical symptoms of anxiety such as stomach aches and chest pains, or excessively defiant behavior.

Teenagers

Aside from changes in sleep and eating patterns, teens may experience erratic emotions, a drop in grades, or they may begin to socially isolate.

Adults

Adults commonly chalk up symptoms to stress or be in complete denial. It can also present as GI upset, migraines, and cognitive struggle.

CHOOSING therapy

Anxiety Disorders: Types, Treatments, Symptoms, and More...

Anxiety Disorder Statistics

From the National Institute of Mental Health

31.9% of teens have an anxiety disorder

Only **36.9%** of people struggling with anxiety will get treatment

CHOOSING therapy

Levels of Anxiety

1. **Mild:**	2. **Medium:**
▪ Sharpening perception ▪ Possible learning ▪ Possible problem solving ▪ Mild irritation ▪ Mild physical symptoms increased energy ▪ Increased mobilization for action and productivity	▪ Reduction of the perceptual field. ▪ Selective carelessness. ▪ Learning and problem solving possible, but not ideal. ▪ Increased irritability (there is an incentive to reduce stress) ▪ Physical symptoms (blood pressure, breathing, tension)

Levels of Anxiety

3. Intensive:

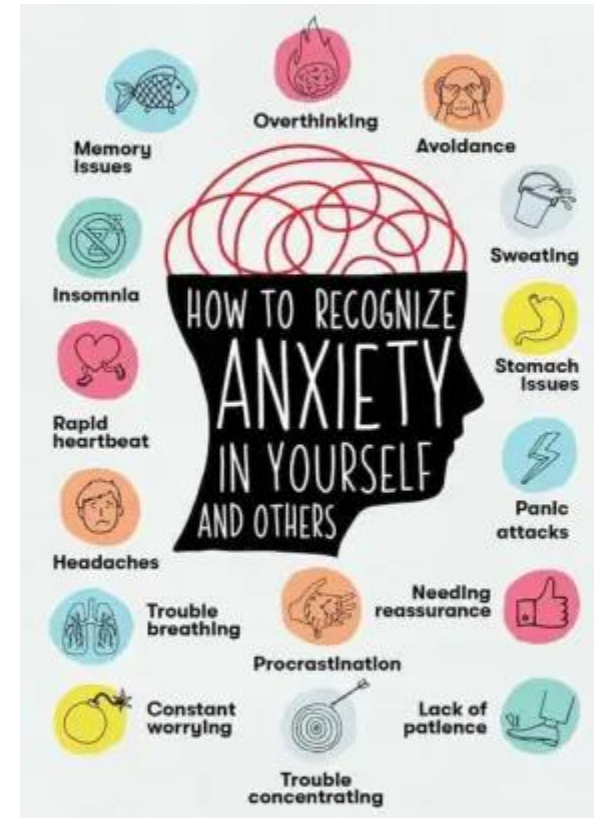
- Carelessness, narrow perceptual field
- Learning and problem solving are impossible
- Emotional symptoms: confusion, a feeling of terror, hypersensitivity
- Severe physical symptoms (nausea, insomnia, dizziness, tremor, hyperventilation)

4. Panic:

- Inability to concentrate and possible loss of contact with the environment.
- Inability to learn.
- Perceptual distortions (hallucinations)
- Loss of control, despair, anger, or withdrawal.
- Feeling terrified, confused
- Inefficient functionality and communication of the individual.
- Fear of "madness" or life-threatening illness.
- Possible emotional and physical exhaustion.

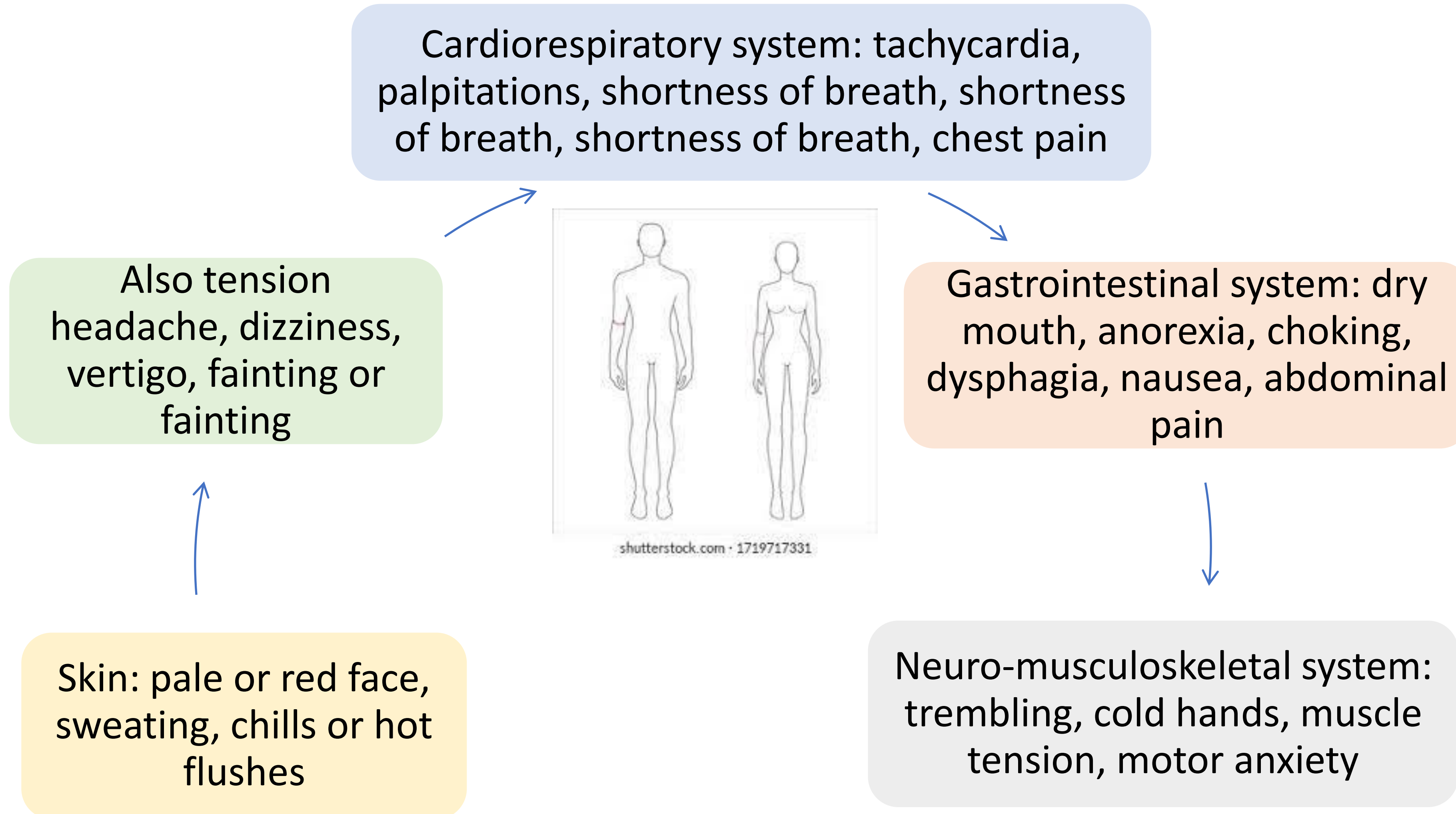
Symptoms of anxiety

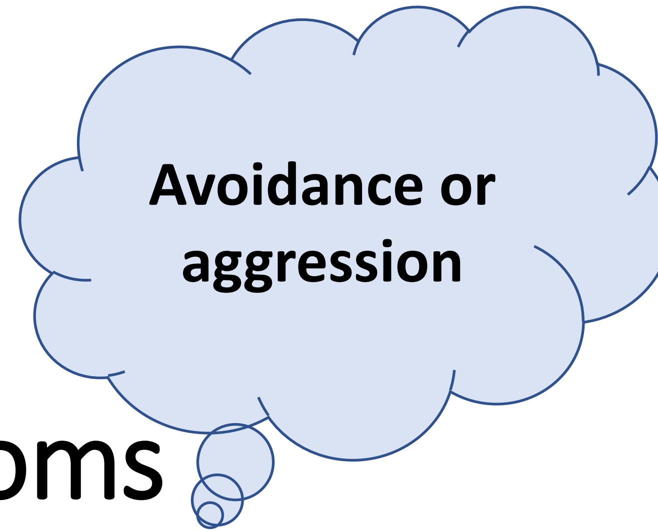
1. Physical
2. Behavioral
3. Cognitive



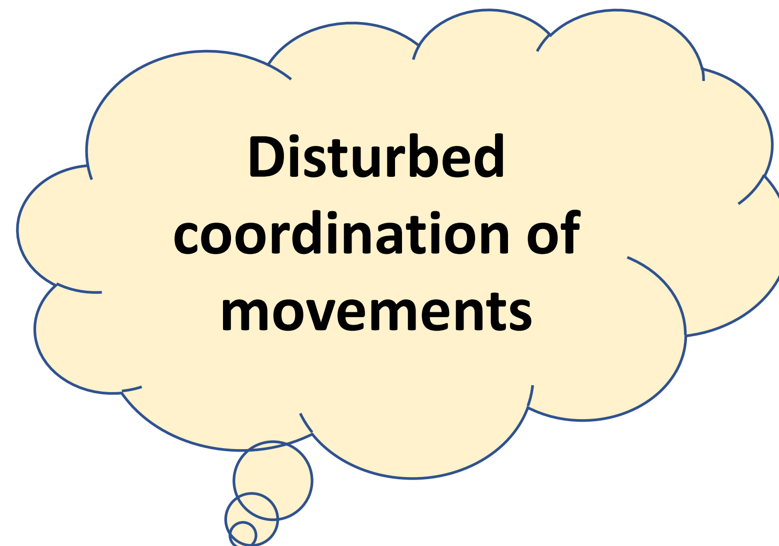
https://coachedbykashima.co.uk/

1. Physical symptoms





2. Behavioral symptoms

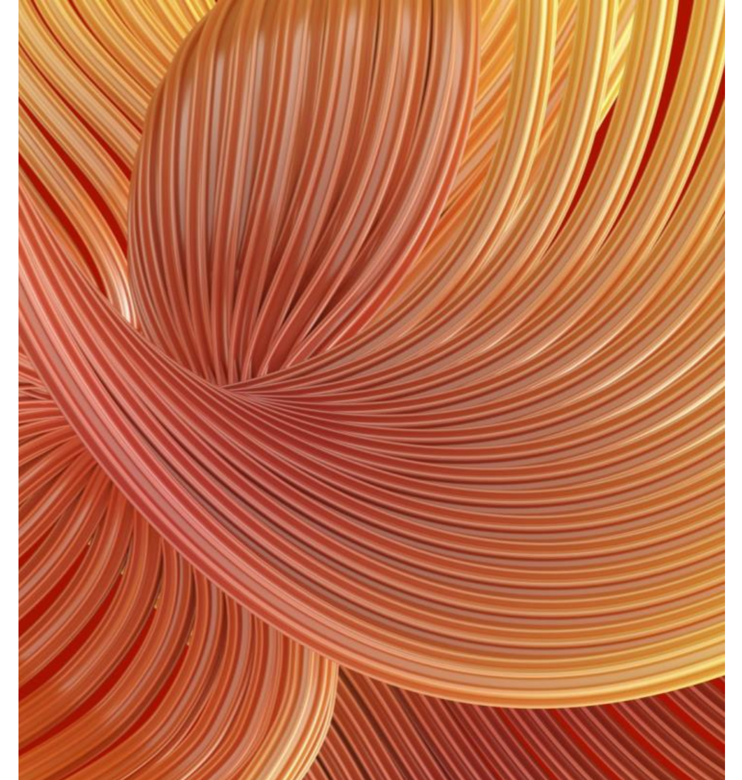


3. Cognitive symptoms

SENSORY DISORDERS: FOGGY THINKING, FEELING OF DEREALIZATION AND DEPERSONALIZATION, HALLUCINATIONS.

THINKING DISORDERS: DIFFICULTY CONCENTRATING, CONFUSION.

PERCEPTUAL DISORDERS: FEAR OF LOSING CONTROL, FEAR OF "MADNESS", FEAR OF DEATH.



PERSONALITY DISORDERS

1.They appear rigid and maladaptive in response to stress

2. Weakness in work and love

3. Ability to provoke interpersonal conflicts

4. Ability to erode the individual boundaries of others resulting in unconsciously affecting them with undesirable results (manipulative behavior)

DSM 5 Categories

Cluster A: includes people whose behavior appears odd or eccentric and includes paranoid, schizotypal, and schizoid personality disorders.

Cluster B: includes people who appear dramatic, emotional, or erratic and includes antisocial, borderline, histrionic, and narcissistic personality disorders.

Cluster C: includes people who appear anxious or fearful and includes avoidant, dependent, and obsessive-compulsive personality disorders.

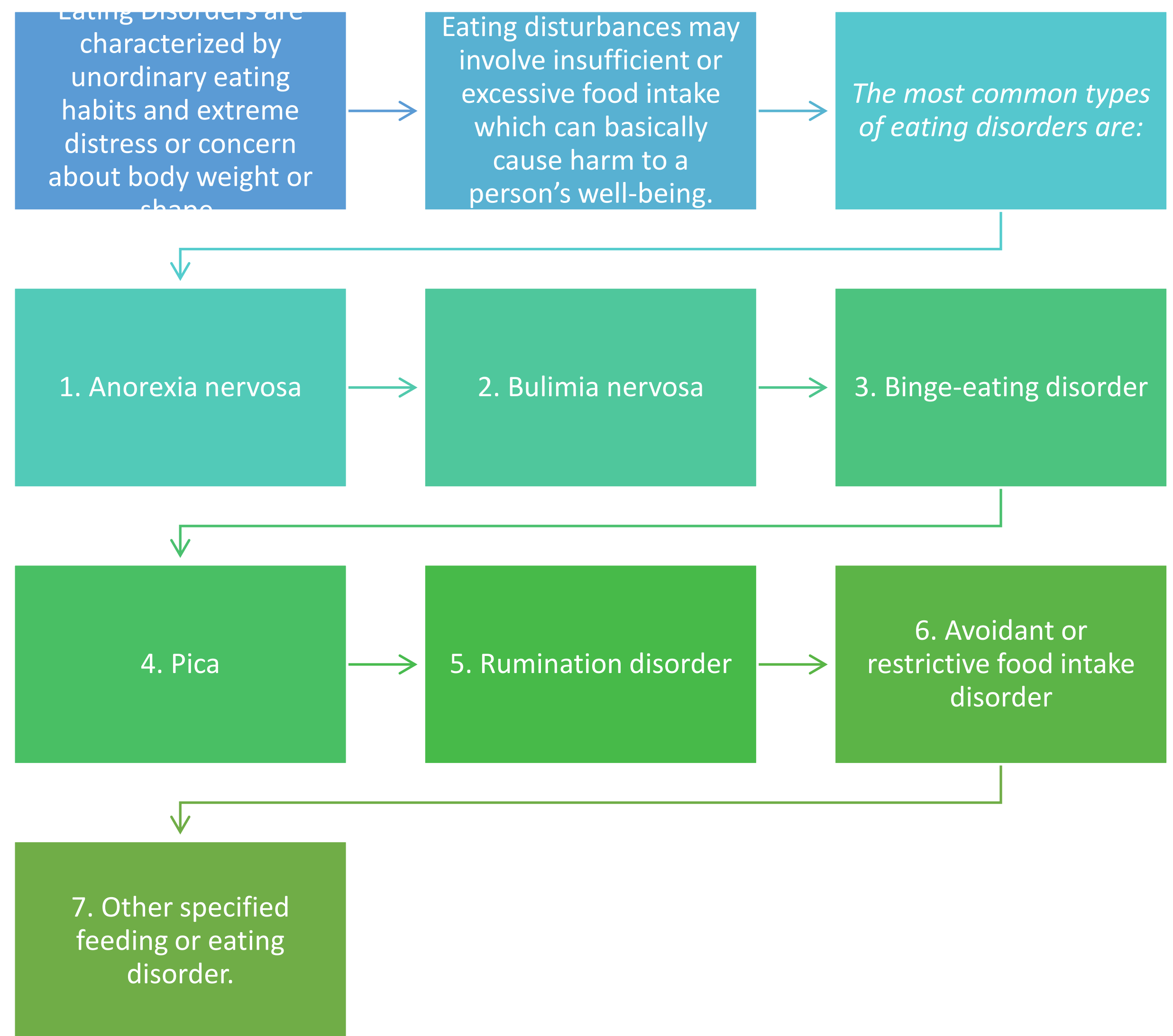
Statistics and Incidences (2)

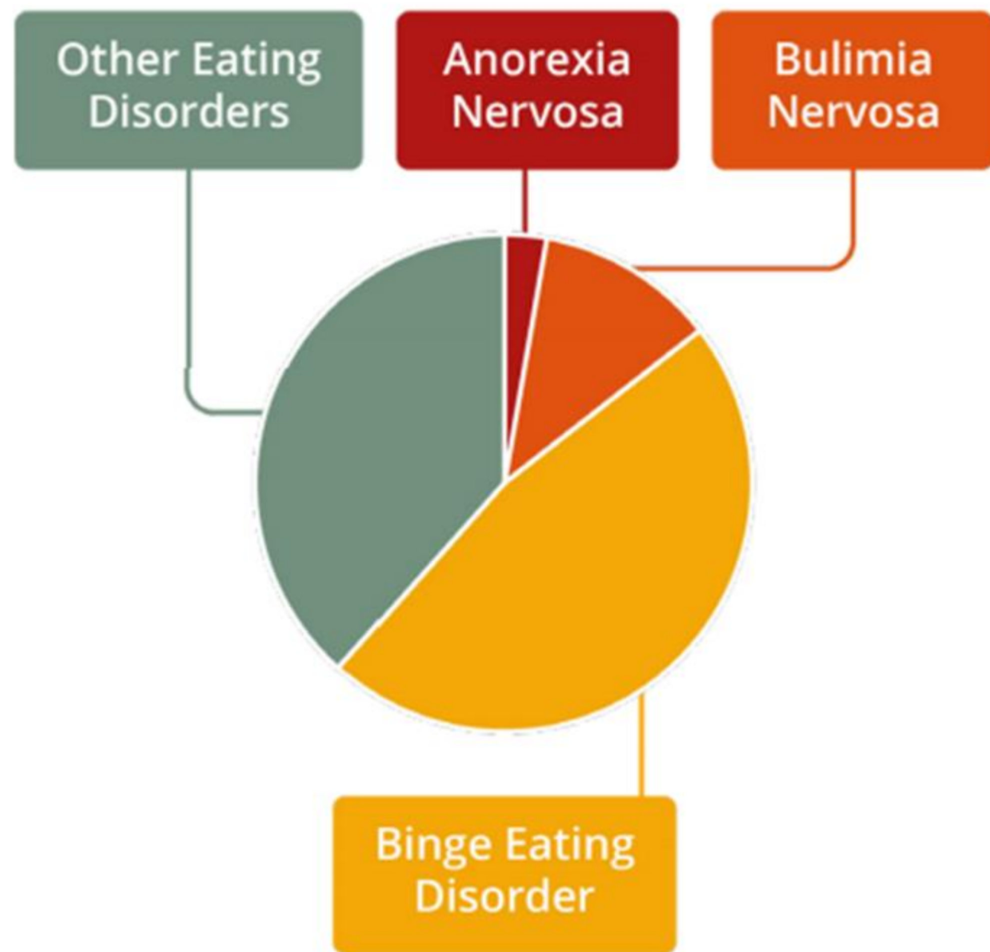
In mental health outpatient settings, the incidence of personality disorder is 30% - 50%.

Individuals with personality disorders have a higher rates of suicide attempts, death, accidents and emergency department visits. Also, increased rates of separation, divorce, and involvement in legal proceedings regarding child custody.

Personality disorders have been also correlated highly with criminal behavior (70% to 85% of criminals have personality disorders), alcoholism (60% to 70% alcoholics have personality disorders), and drug abuse (70% to 90% of those who abuse drugs have personality disorders).

EATING DISODERS Introduction





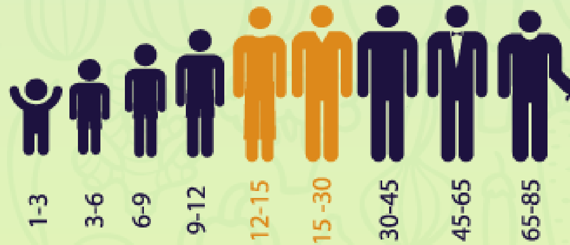
Other Eating Disorders
Anorexia Nervosa
Bulimia Nervosa
Binge Eating Disorder

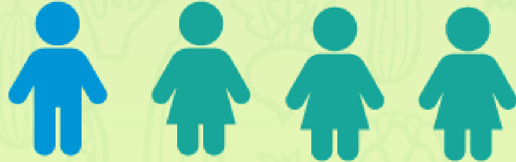
Statistics and Incidences

- Obesity has been identified as a major health problem in the United States; some call it an epidemic. Millions of women are either starving themselves or engaging in chaotic eating patterns that can lead to death.
- 30% to 35% normal-weight people with bulimia have a history of anorexia nervosa and low body weight, and about 50% of people with anorexia nervosa exhibit bulimic behavior.
- More than 90% of cases of anorexia nervosa and bulimia occur in females (American Psychiatric Association, 2000).
- The prevalence of both eating disorders is estimated to be 1% to 3% of the general population in the United States.

EATING DISORDERS CHILDREN AND TEENS

95%
OF EATING DISORDER CASES OCCUR IN PEOPLE AGES
12 THROUGH 25





OF CHILDREN WHO HAVE ANOREXIA, APPROXIMATELY
25% ARE MALE AND
75% ARE FEMALE

EATING DISORDERS IN MEN VS. WOMEN

https://www.therecoveryvillage.com/

EATING DISORDERS AMONG STUDENTS

IN A STUDY OF FEMALE DIVISION II ATHLETES, 25% STRUGGLED WITH DISORDERED EATING

ANOREXIA NERVOSA

AN ESTIMATED 1 IN 5 DEATHS FROM ANOREXIA ARE SUICIDES

BULIMIA NERVOSA

1 IN 10 PEOPLE WHO HAVE BULIMIA ALSO STRUGGLE WITH A SUBSTANCE USE DISORDER

BINGE EATING DISORDER

ALMOST 40% OF PEOPLE WHO STRUGGLE WITH BINGE EATING DISORDER ARE MALE

https://www.therecoveryvillage.com/

Clinical Manifestations

Potential Signs of an Eating Disorder

Excessive exercise

Preoccupation with feeling fat

Abnormal electrolyte levels

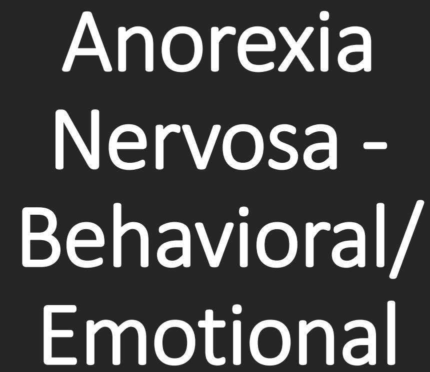
Intense fear of gaining weight

intake of food

Anxiety around or avoidance of eating

well

https://www.liferesolutions.com.au/



1. Fear of gaining weight or becoming fat even when severely underweight.
2. Body image disturbance.
3. Depressive symptoms such as depressed mood, social withdrawal, irritability, and insomnia.
4. Preoccupation with thoughts of food.
5. Feelings of ineffectiveness.
6. Inflexible thinking.
7. Strong need to control environment.
8. Limited spontaneity and overly restrained emotional expression.

Anorexia Nervosa - Physical

1. Complaints of constipation and abdominal pain.
2. Cold intolerance.
3. Lethargy.
4. Emaciation.
5. Hypotension, hypothermia, bradycardia.
6. Hypertrophy of salivary glands.
7. Elevated BUN.
8. Electrolyte imbalances.
9. Leukopenia and mild anemia.
10. Elevated liver function studies.
11. Amenorrhea or absence of menstrual period.

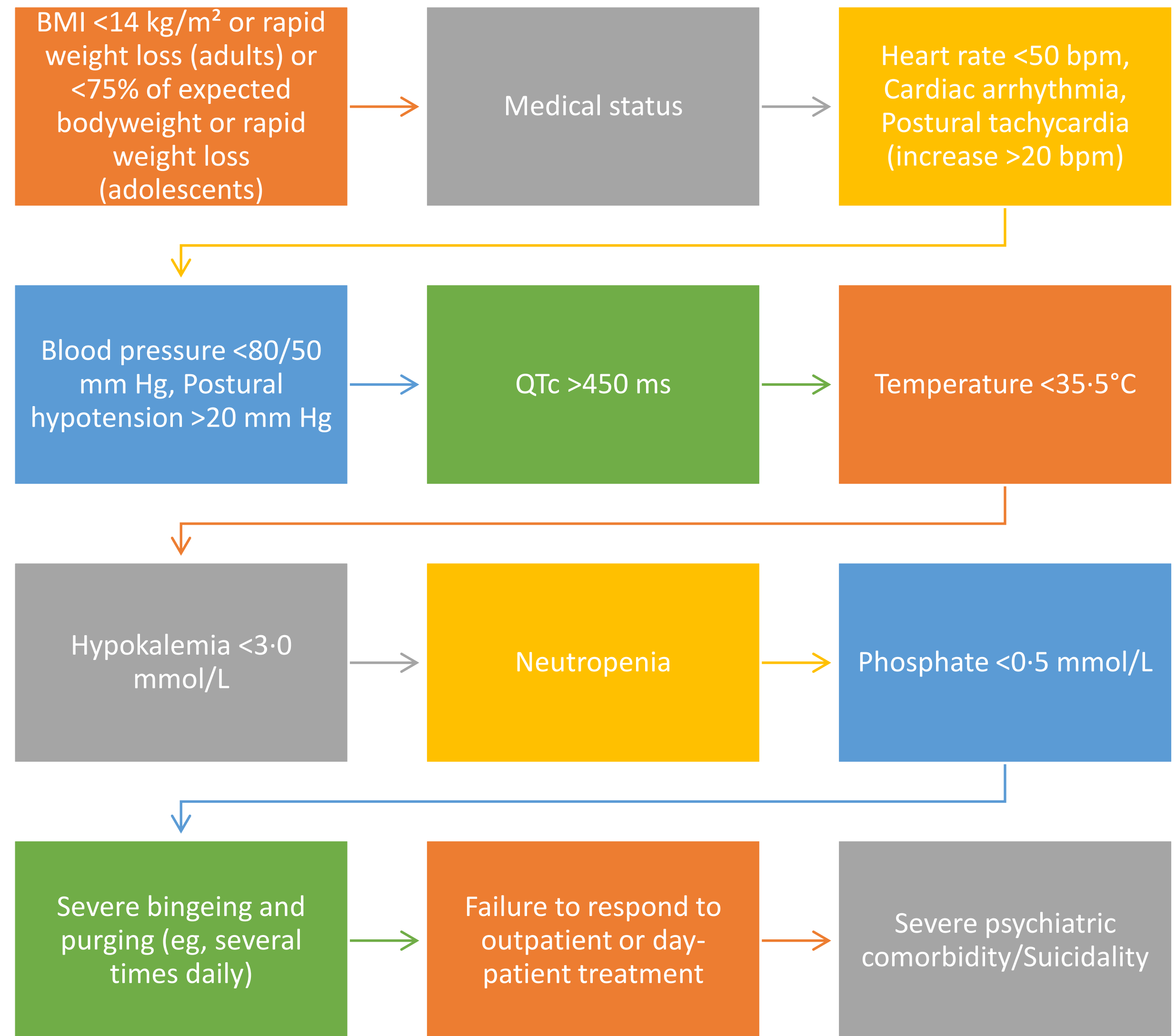
Bulimia Nervosa

1. Recurrent episodes of binge eating.
2. Compensatory behavior such as self-induced vomiting, misuse of laxatives, diuretics, enema or other medications, or excessive exercise.
3. Self-evaluation overly influenced by body shape and weight.
4. Usually within normal weight range, possible underweight or overweight.
5. Restriction of total calorie consumption between binges, selecting low-calorie foods while avoiding foods perceived to be fattening or likely to trigger a binge.
6. Depressive and anxiety symptoms.
7. Possible substance use involving alcohol and stimulants.
8. Loss of dental enamel.

Bulimia Nervosa

9. Chipped, ragged, or moth-eaten appearance of teeth.
10. Increased dental caries.
11. Menstrual irregularities.
12. Dependence on laxatives.
13. Esophageal tears.
14. Fluid and electrolyte abnormalities.
15. Metabolic alkalosis (from vomiting) or metabolic acidosis (from diarrhea).
16. Mildly elevated serum amylase levels.

Indications of high medical risk and inpatient treatment



Warning signs (1)

Physical warning signs

- Rapid weight loss or frequent changes in weight
- Loss of or disturbance of menstrual periods in girls and women
- Fainting or dizziness
- Lethargy and low energy
- Swelling around the cheeks or jaw, calluses on knuckles, damage to teeth and bad breath which can be signs of vomiting
- Feeling cold most of the time, even in warm weather

Warning signs (2)

Psychological warning signs

- Preoccupation with eating, food, body shape and weight
- Feeling anxious around meal times
- Feeling 'out of control' around food
- Having a distorted body image
- Feeling obsessed with body shape, weight and appearance
- 'Black and white' thinking (e.g. rigid thoughts about food being 'good' or 'bad')
- Changes in emotional and psychological state (e.g. depression, stress, anxiety, irritability, low self-esteem)
- Using food for comfort (e.g. eating as a way to deal with boredom, stress or depression)
- Using food as self-punishment (e.g. not eating for emotional reasons like depression/ stress)

Warning signs (3)

Behavioral warning signs

- Dieting behavior/ Eating in private and avoiding meals with other people
- Evidence of binge eating (e.g. disappearance or hoarding of food)
- Frequent trips to the bathroom during or shortly after meals
- Vomiting or using laxatives, enemas or diuretics
- Changes in clothing style (e.g. wearing baggy clothes)
- Compulsive or excessive exercising (e.g. exercising in bad weather, experiencing distress if exercise is not possible)
- Making lists of good or bad foods
- Suddenly disliking food they have always enjoyed in the past
- Obsessive rituals around food preparation and eating (e.g. eating very slowly, cutting food into very small pieces, insisting that meals are served at exactly the same time everyday)
- Extreme sensitivity to comments about body shape, weight, eating and exercise habits
- Secretive behaviour around food (e.g. saying they have eaten when they haven’t)

SUBSTANCE RELATED Disorders associated with

1. Alcoholic
2. Amphetamines
3. Caffeine
4. Hemp
5. Cocaine
6. Hallucinogens
7. Inhalable substances
8. Nicotine
9. Opioids
10. Phencyclidine
11. Anxiolytics
12. Multiple substances
13. Other substances

Characteristics

1. Substance use is more common in people aged 18-24.

2. It is more common in men.

3. Hashish seems to have the highest use rates.

4. Alcohol abuse is associated with an increase in incidents of sexual violence and illegal behaviors.

Drug abuse symptoms

1. Recurrent use of substances that results in the failure of the individual to cope with important roles such as education, school or home.

2. Recurrent use of substances in situations that may pose a risk to his physical health (eg driving under the influence of a substance).

3. Recurrent use of substances that cause legal problems.

4. Continued use of substances independent of the social or interpersonal problems caused or exacerbated by the action of the substance.

- Thank you