

OVERVIEW OF MENTAL ILLNESS: DEFINITIONS AND DIAGNOSIS

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Objectives

- General understanding of terms used to refer to mental illness
- Appreciation of definitional complexity
- Awareness of the current diagnostic manual (DSM-IV-TR) and its purpose
- Familiarity with general diagnostic categories

Mental Illness?

Mental Disorder?

Mental Disease?

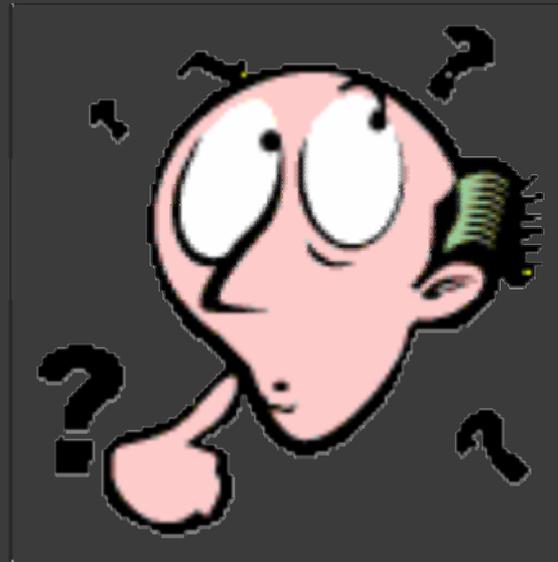
Mental Defect?

Mental Disability?

Severe Mental Illness (SMI)?

Severe and Disabling Mental Illness (SDMI)?

Severe and Persistent Mental Illness (SPMI)?



Definitional Complexity

- The World Health Organization (WHO) and national surveys conclude that there is no single consensus on the definition of mental illness or mental disorder, and that the phrasing used depends on the social, cultural, economic and legal context.
- Terms fall out of favor and new terms emerge.
- Which term is used is often determined by consensus, intent, or purpose.

Mental Illness

- Mental illness is a nebulous term that has evolved over time. Insanity, lunacy, madness, derangement, or mental deviancy are among the many labels used to describe individuals who, for various reasons, are psychologically unable to successfully function in society and require some form of intervention or treatment.
- In current usage, mental illness commonly refers to all of the diagnosable mental disorders and reflects a commonly held belief in a disease concept model.
- Most clinical diagnostic and classification systems avoid the term “mental illness,” preferring the term “mental disorder.”
- Consumer/survivor movement organizations tend to oppose use of the term on the grounds that it supports the dominance of a medical model.

Mental Disorder

- The *clinically accepted* term.
- **WHO's ICD-10** defines *mental disorder* as “a clinically recognizable set of symptoms or behaviors associated in most cases with distress and with interference with personal functions.”
- **DSM-IV-TR** defines *mental disorder* as “a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual...is associated with persistent distress...or disability...or with a significantly increased risk of suffering.”
- The condition must not be merely an expectable or culturally sanctioned response to a particular event, and must not be expected to occur as a part of the individual's culture or religion.

Other Terms

- ◉ SMI – Used to refer to a more severe and more long-lasting disorder while “mental health problems” may be used as a broader term to refer only to milder or more transient issues.
- ◉ SDMI – Refers to an overarching concept of “mental disability.” The *International Classification of Functioning, Disability and Health* (WHO, 2001) defines disability as “an umbrella term for impairments, activity limitations, and participation restrictions” resulting from an interaction between and individual (with a health condition) and contextual factors (environmental and personal barriers).

Diagnosing Mental Disorders – A Categorical Approach

- The DSM-IV is a categorical classification system that divides mental disorders into types based on criteria sets with defining features.
- Diagnosis must rest with observation of signs and the patient's report of the intensity, frequency, severity and duration of symptoms.
- Clues are grouped together by the evaluator into recognizable patterns known as syndromes.
- When the syndrome meets all of the criteria for a particular diagnostic category, it is called a mental disorder.

The DSM-IV

- The standard manual used for diagnosis of mental disorders in the United States is the *Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition* or the DSM-IV (or DSM-IV-TR, published in 2000).
- First published in 1952 by the American Psychiatric Association, it was 130 pages and included 106 disorders. DSM-II was published in 1968, was 134 pages and included 182 disorders. Revisions based on field trials, analysis of data sets and systematic reviews of research literature have sought to gain greater precision, objectivity, and reliability.
- The DSM-IV organizes mental disorders into 16 major diagnostic classes and enumerates specific criteria for making the diagnosis. Also lists subtypes for many diagnoses.
- It is descriptive and does not take a position about underlying causation.

The Multi-Axial Assessment System

Axis I: Clinical disorders, including major mental disorders, as well as developmental and learning disorders

Axis II: Underlying pervasive or personality conditions, as well as mental retardation

Axis III: Acute medical conditions and physical disorders

Axis IV: Psychosocial and environmental factors contributing to the disorder

Axis V: Global Assessment of Functioning (GAF)

DSM-IV Diagnostic Groups

- Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence
- Delirium, Dementia, and Amnesic and Other Cognitive Disorders
- Mental Disorders Due to a General Medical Condition Not Elsewhere Classified
- Substance-Related Disorders
- Schizophrenia and Other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders
- Sexual and Gender Identity Disorders
- Eating Disorders
- Sleep Disorders
- Impulse-Control Disorders Not Elsewhere Classified
- Adjustment Disorders
- Personality Disorders

Manifestations of Mental Disorders



- ⦿ Disturbances of thought and perception
- ⦿ Dysregulation of mood
- ⦿ Inappropriate anxiety
- ⦿ Impulse control and behavioral problems
- ⦿ Cognitive dysfunction

Closing Remarks

- ◉ Dividing line (between mental “o.k.-ness” and mental disorder) has to do with severity, intensity and frequency of symptoms, duration of symptoms, and, especially, functional impairment.
- ◉ Level of impairment is often not correlated with symptom counts and can stem from multiple individual and social factors.
- ◉ No magic line can be drawn that divides diagnostic groups, or specific diagnoses, into severe and disabling and non-disabling.