



CHAPTER 52 Mental Health Disorders

MADA
ALSEDRAH



OBJECTIVES

- Define the key terms and key abbreviations
- Explain the difference between mental health and mental illness.
- List the causes of mental health disorders.
- Describe anxiety disorders and the defense mechanisms used to relieve anxiety.
- Describe psychotic disorders and schizophrenia.
- Describe mood disorders.
- Describe personality disorders.
- Describe substance use disorder and addiction

KEY TERMS

- **Mental health** involves a person's emotional, psychological, and social well-being
- **Mental health disorder** A serious illness that can affect a person's thinking, mood, behavior, function, and ability to relate to others; mental illness, psychiatric disorder
- **Psychiatric disorder** see "mental health disorder"
psychosis A state of severe mental impairment
- **Personality** the set of attitudes, values, behaviors, and traits of a person
- **Anxiety** A feeling of worry, nervousness, or fear about

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- **Compulsion** an over-whelming urge to repeat certain rituals, acts, or behaviors
- **Obsession** A frequent, upsetting, and unwanted thought, idea, or image
- **Phobia** an intense fear of something that has little or no real danger
- **Panic** an intense and sudden feeling of fear, anxiety, or dread
- **Defense mechanism** an unconscious reaction that blocks unpleasant or threatening feelings

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- **Delusion** A false belief
- **Delusion of grandeur** an exaggerated belief about one's importance, fame, wealth, power, or talents
- **Delusion of persecution** A false belief that one is being mistreated, abused, or harassed
- **Hallucination** Seeing, hearing, smelling, feeling, or tasting something that is not real
- **Flashback** Reliving the trauma over and over in thoughts during the day and in nightmares during sleep

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- **Drug addiction** A strong urge or craving to use the substance and cannot stop using; tolerance develops
- **Addiction** A chronic disease involving substance-seeking behaviors and use that is compulsive and hard to control despite the harmful effects
- **Alcoholism** alcohol dependence that involves craving, loss of control, physical dependence, and tolerance
- **Detoxification** the process of removing a toxic substance from the body
- **Withdrawal syndrome** the physical and mental

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- **Suicide** to end one's life on purpose
- **Suicide contagion** exposure to suicide or suicidal behaviors within one's family or one's peer group or through media reports of suicide

Mental health

- Involves a person's emotional, psychological, and social well-being. Important from childhood through old age, mental health affects how a person:
- Thinks.
- Feels.
- Acts when coping with life.
- Handles stress. Stress is the response or change in the body caused by any emotional, psychological, physical, social, or economic factor.
- Relates to others.





Mental health disorders

- Are serious illnesses that can affect a person's thinking, mood, behavior, function, and ability to relate to others. Also called mental illness and psychiatric disorder .
- Mental health disorders are common. They may be occasional or long-term. Many persons recover completely.
- ❖ A person may experience 1 or more of the signs listed. And a person may have 1 or more risk factors.

Early Warning Signs

- Eating or sleeping too much or too little
- Pulling away from people or usual activities
- Having low or no energy
- Feeling numb or like nothing matters
- Having unexplained aches and pains
- Feeling helpless or hopeless
- Smoking, drinking, or using drugs more than usual

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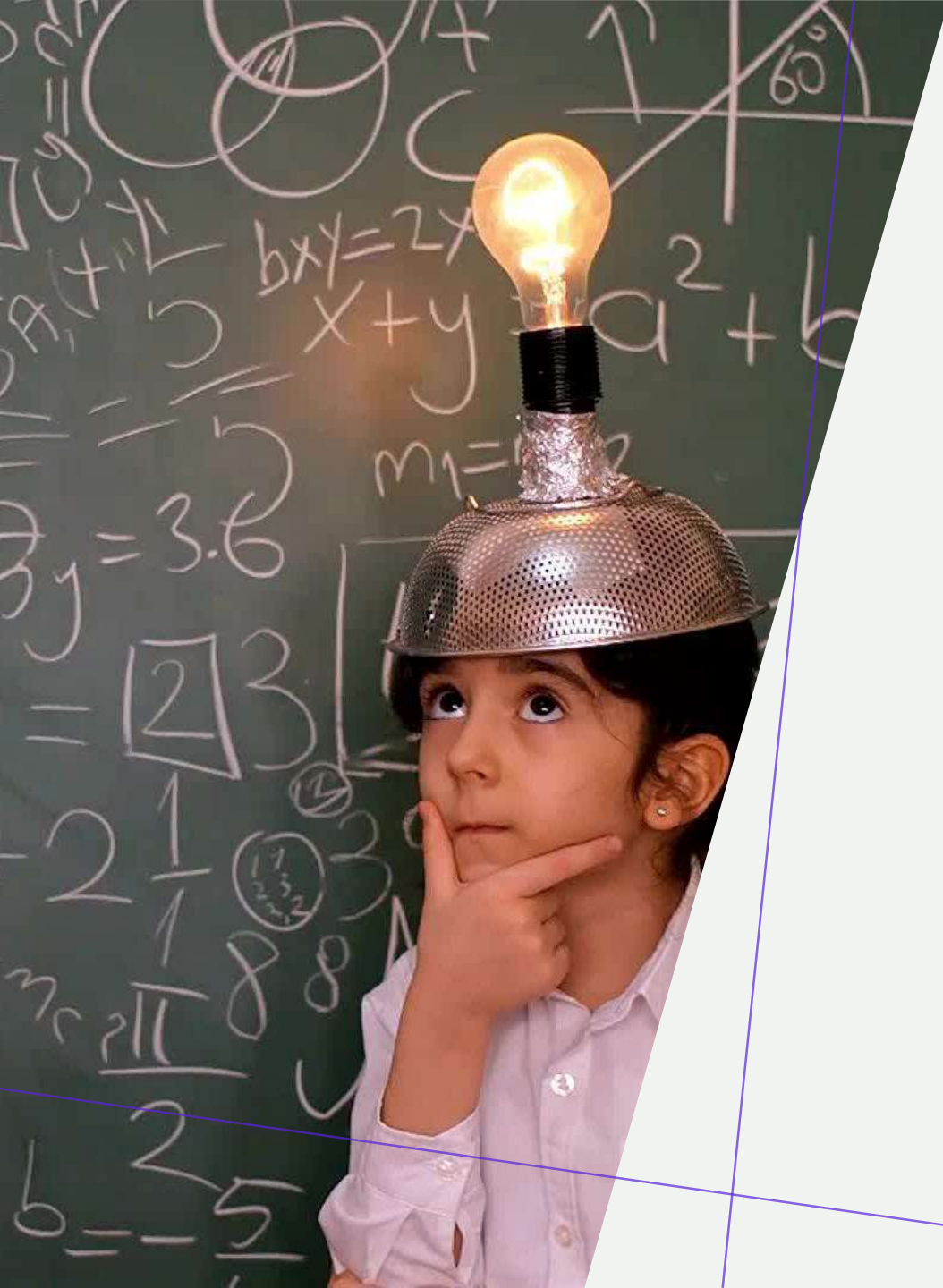
- Feeling unusually confused, forgetful, on edge, angry, upset, worried, or scared
- Yelling or fighting with family and friends
- Having severe mood swings that cause relationship problems
- Having persistent thoughts and memories
- Hearing voices or believing things that are not true
- Thinking of harming oneself or others
- Being unable to perform daily tasks

Risk factors :

- Genetics and family history. Mental health disorders tend to run in families.
- Life experiences. Stress or history of abuse are examples.
- Chemical imbalances in the brain.
- Traumatic brain injury.
- Fetal exposure to viruses or toxic chemicals.
- Use of alcohol or recreational drugs.
- Serious health problems.
- Having few friends and feeling lonely or isolated.

Anxiety Disorders

- Anxiety is a feeling of worry, nervousness, or fear about an event or situation.
- A normal reaction to stress, anxiety helps a person stay alert, remain focused, and cope.
- Some anxiety is normal. For example, a person may feel anxious before taking a test at school.
- Anxiety disorders happen when anxiety cannot be controlled and interferes with every-day activities, work, school, and relationships. The anxiety does not go away and can get worse over time.



Signs and symptoms.


- Weakness
- Breathing problems: shortness of breath, smothering or choking sensations
- Rapid heart rate; pounding heartbeat
- Nausea
- Abdominal pain
- Hot flashes (women)
- Dizziness
- Chest pain
- Nightmares
- Restlessness
- Fatigue
- Difficulty concentrating
- Irritability
- Muscle tension
- Sleep problems
- Sweating
- Trembling or shaking
- Tingling or numb hands

- Anxiety level depends on the stressor.
- A stressor is the event or factor that causes stress. It can be physical, emotional, social, or economic.
- Past experiences and the number of stressors affect how a person reacts.
- Coping and defense mechanisms may help relieve anxiety.
- Unhealthy coping includes over-eating, drinking, smoking, and fighting.
- Healthy coping includes discussing the problem,

Defense mechanisms

- Are unconscious reactions that block unpleasant or threatening feelings . (Unconscious reactions are experiences and feelings that cannot be recalled.)
- Some use of defense mechanisms is normal. In mental health disorders, they are used poorly.
- **Types:** Compensation, Conversion, Denial, Displacement, Identification, Projection,

- Anxiety disorders often occur with other mental health disorders. Depression, eating disorders, and substance abuse are examples. Anxiety may be linked to health problems. Heart disease, diabetes, thyroid problems, and respiratory disorders are examples.



Generalized Anxiety Disorder

The person with generalized anxiety disorder (GAD) has extreme anxiety, fear, or worry. GAD occurs on most days for at least 6 months. The person has worry and concern about many things. Health, work, social situations, and every-day life are examples. Serious problems in such areas can result.

Panic Disorder

- Panic is an intense and sudden feeling of fear, anxiety, or dread. The person with panic disorder has sudden, recurring periods of panic when there is no real danger.
- Such panic attacks can last several minutes or longer. Such attacks can be unexpected or brought on by a trigger—fear of an object or situation. The person cannot function.
- Signs and symptoms of anxiety are severe
- The person may feel that he or she is having a heart attack, losing control, or dying.
- Panic attacks can occur at any time.
- The person may try to avoid places where panic attacks have occurred. For example, the person had a panic attack in a shopping mall. Malls are avoided.



Obsessive-Compulsive Disorder

- The person with obsessive-compulsive disorder (OCD) has frequent, upsetting, and unwanted thoughts, ideas, or images— obsession.
- A person may be obsessed with microbes, dirt, violent thoughts, sexual acts, or things forbidden by religion.
- To control the obsessions and resulting anxiety, the person has an over-whelming urge to repeat certain rituals, acts, or behaviors—compulsion.
- Hand-washing, counting, checking on things, cleaning, hoarding, and doing things in a certain order are examples of compulsions. OCD behaviors can take a long time, are very distressing, and can affect daily life.

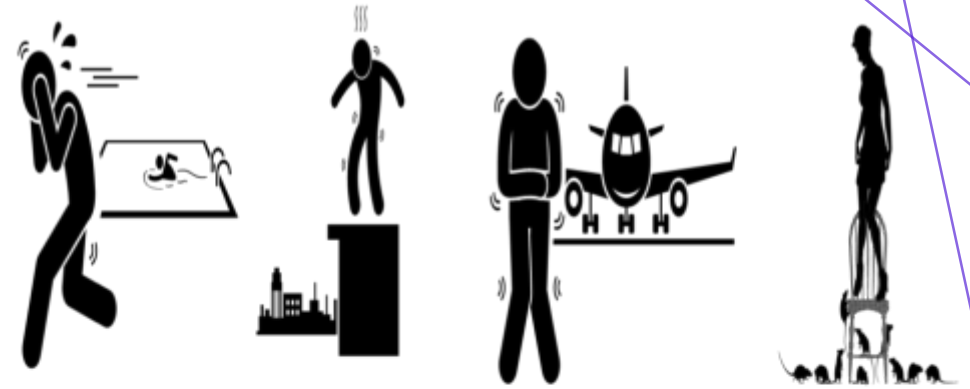


OCD

OBSESSIVE-COMPULSIVE

A phobia is an intense fear of something that has little or no real danger. **Common phobias are fear of:**

- Being in an open, crowded, or public place (agoraphobia—agora means marketplace)
- Being in pain or seeing others in pain (algophobia—algo means pain)
- Water (aquaphobia—aqua means water)
- Being in or trapped in an enclosed or narrow space (claustrophobia—claustr means closing)
- The slightest uncleanness (mysophobia—myso means anything that is disgusting)
- Night or darkness (nyctophobia—nycto means night or darkness)
- Fire (pyrophobia—pyro means fire)
- Strangers (xenophobia—xeno means strange)



Phobias





Post-Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) occurs in some people after a terrifying, traumatic, scary, or dangerous event. There was harm or threat of harm. PTSD can develop at any age after:

- Being harmed or after a loved one was harmed
- Seeing a harmful event happen to a loved one or stranger
- The sudden, unexpected death of a loved one
- Traumatic events
- War, terrorist attack, bombing
- Abuse, mugging, rape, torture

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- Kidnapping, being held captive
- Crashes—vehicle, train, plane
- Natural disaster—flood, tornado, hurricane, earthquake
- ❖ Most people recover from their physical and emotional reactions after a traumatic event. Those who do not recover may have PTSD. Persons with PTSD feel stressed or frightened even when they are not in danger. Since each

Signs and symptoms

- Flashbacks

- Nightmares or bad dreams

- Frightening thoughts

- Avoiding places, events, or things that remind of the trauma

- Avoiding thoughts or feelings related to the trauma

- Being easily startled or frightened

- Feeling tense or “on edge”

- Sleep problems

- Angry outbursts

- Problems remembering key parts of the trauma

- Negative thoughts about oneself or the world

- Feeling guilt or blame

- Loss of interest in enjoyed activities

❖ Some people recover within 6 months. For others, PTSD is a chronic condition. Anxiety disorders, depression, and substance abuse may occur with PTSD.

Children

- Older children and teenagers may have symptoms similar to adults.
- They also may show disruptive, disrespectful, or destructive behaviors. There may be feelings of guilt for not preventing injury or deaths. Older children and teens also may have thoughts of revenge.
- Children less than 6 years old will have different signs and symptoms than adults.
- Wetting the bed after being toilet-trained
- Forgetting how or not being able to talk
- Acting out the traumatic event during play

Psychotic Disorders

- Psychosis is a state of severe mental impairment. Psychotic disorders cause abnormal thinking and perceptions. (To perceive means to become aware of, know, or understand something through the mind or the senses—sight, hearing, touch, smell, and taste.) In a psychotic state, the person has lost touch with what is real.



Symptoms:

Two main symptoms of a psychosis are:

- **Delusions**—false beliefs. For example, a person believes that a radio station is airing the person's thoughts. Or the person believes he or she is being harmed.
- **Hallucinations**—seeing, hearing, smelling, feeling, or tasting something that is not real. Hearing voices is a common hallucination.
- “Voices” may comment on the person's behavior or order the person to do things,
- warn of danger or talk to other voices.

Schizophrenia

- Is a serious brain illness affecting how a person thinks, feels, and behaves.
- Slightly more common in men than women, age of onset is usually between 16 and 30.
- Schizophrenia in children is rare.
- The person with schizophrenia may not make sense when talking. He or she may have hallucinations and delusions
- People with schizophrenia do not tend to be violent.

Communication

- Delusions and hallucinations can frighten a person.
- Good communication is important.
- Speak slowly and calmly.
- Do not pretend to experience what the person does.
Help the person focus on reality.
- Do not try to convince the person that the experience is not real. To the person, it is real.

For example, a person hears voices. You can say: “I don't hear the voices but I believe you do. Try to listen to my

Mood Disorders

- Feeling sad, irritable, or in a bad mood from time to time is normal. Mood disorders affect a person's everyday emotional state. They include bipolar disorder and depression. Mood disorders can increase a person's risk of heart disease, diabetes, and other diseases.

Bipolar Disorder

- Bipolar means 2 (bi) poles or ends (polar). The person with bipolar disorder has severe extremes in mood, energy, and function. There are emotional highs or “ups” (mania) and emotional lows or “downs” (depression). Therefore the disorder is also called manic-depressive disorder.
- The disorder runs in families. It usually develops during the late teens or early adulthood. Life-long management is needed. The person may have problems in school or keeping a job.
- Signs and symptoms range from mild to severe . Mood changes are called “episodes.” Some people are suicidal

- **Manic Episode** • Feeling very up, high, or happy, or very irritable or touchy • Feeling jumpy, wired, or more active than usual • Racing thoughts • Decreased need for sleep • Talking fast about many different things (“flight of ideas”) • Excessive appetite for food, drinking, sex, or other pleasurable activities • Thinking one can do many things at once without getting tired • Feeling unusually important, talented, or powerful
- **Depressive Episode** • Feeling very down, sad, or anxious • Feeling slowed down or restless • Problems concentrating or making decisions • Trouble falling asleep, waking up too early, or sleeping too much • Talking very slowly, feeling that

Depression

- Depression is a mood disorder with distressing symptoms that affect feeling, thinking, and daily activities. Also called clinical depression or depressive disorder,



2 common forms are:

- **Major depression.** Symptoms are present most of the day and almost every day for at least 2 weeks. They interfere with work, sleep, studying, eating, and enjoying life. Major depression can occur 1 time in a person's life or more often. Some persons have several episodes.
- **Persistent depressive disorder (dysthymia).** Persistent means lasting or constant. Dys means painful or disordered. Thymia means mind. Symptoms last for at least 2 years. A person may have episodes of major depression and periods when symptoms are less severe.
- ❖ Depression can occur with other serious illnesses.

Personality Disorders

- Personality is the set of attitudes, values, behaviors, and traits of a person. Personality development starts at birth. Influencing factors include genes, growth and development, environment, parenting, and social experiences. People with healthy personalities can cope with normal stresses. They are able to form relationships with family, friends, and co-workers.
- Personality disorders involve long-term patterns of thoughts and behaviors that are unhealthy and rigid. Because of their behavior, persons with personality disorders cannot function well in society. They have serious work problems and relationships are often stormy. They have trouble dealing

Types :

- **Antisocial Personality Disorder** : A person has a long-term pattern of manipulating, exploiting, or violating the rights and safety of others. Behavior is often criminal. Setting fires and animal cruelty during childhood are often seen.
- Symptoms include: • Being witty and charming • Flattering and manipulating (conning) others for personal gain or pleasure • Breaking the law repeatedly—lying, stealing, fighting • Having no regard for the safety of self and others • Having problems with substance abuse • Showing no guilt or remorse (regret, sorrow) • Being angry • Feeling superior

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- **Borderline Personality Disorder (BPD)** A person has a long-term pattern of unstable moods, behaviors, and emotions. Stormy relationships and impulsive actions often result. (To be impulsive means to be reckless or act in haste without considering the consequences.) Occurring in both men and women, symptoms may improve after middle-age.
- Symptoms include:
 - Changing interests and values rapidly
 - Viewing things in terms of extremes—all good or all bad
 - Shifting and changing feelings about other people—liking a person 1 day but not the next
 - Having an intense fear of being abandoned
 - Being unable to stand being alone

Substance Use Disorder (substance abuse)

- Is when the use of alcohol or another substance (a drug) leads to health issues or problems at work, school, or home. The exact cause is unknown. Influencing factors include genetics, how the substance affects the person, peer pressure, anxiety, depression, and stress. The person with substance use disorder may have other mental health problems.



Addiction

- Is a chronic disease involving substance-seeking behaviors and use that is compulsive and hard to control despite the harmful effects. The person must have the substance.
- **Withdrawal syndrome** is the physical and mental response after stopping or severely reducing use of a substance that was used regularly. The body responds with anxiety, restlessness, insomnia, irritability, poor attention, and physical illness.

Eating Disorders

- An eating disorder involves a severe disturbance in eating behavior with thoughts and emotions related to eating. Eating disorders often develop during the teen years. However, they can develop during childhood or later in life. The person may have other mental health disorders— depression, anxiety disorders, substance use disorder.





EATING DISORDERS

Eating disorders include:

- **Anorexia nervosa.** Anorexia means no (a) appetite (orexis). Nervosa relates to nerves or emotions. The person has an intense fear of gaining weight. A fat body image is felt despite being quite thin. The person eats in small amounts and only certain foods are eaten. The person may force vomit or use laxatives to lose weight. Serious health problems can result. Death is a risk from cardiac arrest or suicide.
- **Bulimia nervosa.** Binge eating occurs— eating large amounts of food. The overeating is followed by forced vomiting and intense exercise. Enemas and laxatives are used to promote defecation to rid the body of food. Diuretic abuse may occur. Diuretics cause the kidneys to produce

Care and Treatment

- Treatment of mental health disorders involves having the person explore thoughts and feelings. Psychotherapy and behavior, group, occupational, art, and family therapies are used. Often drugs are ordered.
- The care plan reflects the needs of the total person. This includes physical, safety and security, and emotional needs.
- Communication is important. Be alert to nonverbal communication—the person's and your own. The person may respond to stress with anxiety, panic, anger,

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- Protect yourself. Once you are safe, the health team can protect the person and others. To protect yourself:
- Call for help. Do not try to handle the situation on your own.
- Keep a safe distance between you and the person.
- Be aware of your setting. Do not let the person block your exit.

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When interacting with persons with mental health disorders:

- Face the person.
- Maintain eye contact.
- Position yourself near the person but not too close. Do not invade the person's space.
- Crouch, sit, or stand at the person's level if safe to do so.
- Show interest and concern through your posture and

Personal and Professional Responsibility

- Just as a person does not choose to have a physical illness, a person does not choose a mental health disorder. How you view the disorder affects how you treat the person. Treat the person with kindness, respect, and compassion. Provide quality care.

Rights and Respect

- Agencies have strict rules to protect the person's rights to privacy and confidentiality .Do not talk about the person with your family or friends. Never give information to someone not involved in the person's care. This includes the person's family. Direct questions to the nurse. Follow agency policies. Take pride in protecting the person's rights.

Independence and Social Interaction

- Social support is important in treating mental health disorders. Interacting with others is a healthy way to manage stress. Family and friends provide a sense of worth and belonging. The care plan includes how they are involved in the person's care.

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References:

- 1. Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.)

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THANK YOU ...