CHAPTER 22 – MENTAL HEALTH

OBJECTIVES

On completion of this chapter, you will be able to:

- Define mental health.
- Describe mental illness.
- List the six contributing factors that may be part of the cause of mental illness.
- Give the general symptoms that can suggest a mental disorder as seen in adults, adolescents, and younger children.
- Describe the purpose of the *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. (Text Revision).
- Describe tests used for the evaluation of a patient’s mental health and intelligence.
- Define psychotherapy, and describe the various types.
- Describe depression as seen in the child and the older adult.
- Analyze, build, spell, and pronounce medical words.
- Review the drugs highlighted in this chapter.
- Identify and define selected abbreviations.
- Describe each of the conditions presented in the Pathology Spotlights.
- Review the Pathology Checkpoint.
- Complete the Study and Review section, and the Chart Note Analysis.

OUTLINE

I. Overview of Mental Health and Mental Illness (Fig. 22–1, p. 740)

The World Health Organization (WHO) defines health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. It defines mental health as 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 fruitfully, and is able to make a contribution to his or her community.

Mental illness is an abnormal condition of the brain or mind. It affects the way a person thinks, feels, behaves, and relates to others and to his or her surroundings. In most cases, the exact cause of mental illness is not known. Contributing factors include

- Genetics
- Environment
- Chemical changes occurring in the brain
- Use of certain drugs
- Psychological, social, and cultural conditions

Most mental health disorders are caused by a combination of factors, such as biological, psychological, environmental, and social. These disorders can be severe, seriously interfere with a person’s life, and even cause a person to become
disabled. Many different conditions are classified as mental illnesses. The more common types include:

- **Mood Disorders** (depression and bipolar disorder)
- **Anxiety Disorders**
- **Attention-Deficit/Hyperactivity Disorder (AD/HD)**
- **Eating Disorders**
- **Schizophrenia**
- **Impulse Control and Addiction Disorders**
- **Personality Disorders**

Other, less common, types of mental illnesses include:

- **Adjustment Disorder**
- **Dissociative Disorders**
- **Factitious Disorders**
- **Sexual and Gender Disorders**
- **Somatoform Disorders**
- **Tic Disorders**
- **Various Sleep-Related Problems**
- **Alzheimer’s Disease** (Chapter 14, p. 478)

About 5 million American adults and more than 5 million children and adolescents suffer from a serious mental condition. **Major depression, bipolar disorder**, and **schizophrenia** are among the top 10 leading causes of disability in the United States.

A. **Symptoms of Mental Disorders** – will vary according to the type and severity of the condition and the age of the individual. Within each age group there are general symptoms that suggest a mental disorder.

1. **Symptoms of Mental Disorders in Adults:**
   - Confused thinking
   - Long-lasting sadness or irritability
   - Extreme highs and lows in mood
   - Excessive fear, worry, or anxiety
   - Social withdrawal
   - Dramatic changes in eating or sleeping patterns
   - Strong feelings of anger
   - Delusion or hallucinations
   - Increasing inability to cope with daily problems and activities
   - Thoughts of suicide
   - Denial of obvious problems
   - Many unexplained physical problems
   - Abuse of drugs and/or alcohol

2. **Symptoms of Mental Disorders in Adolescents:**
   - Abuse of drugs and/or alcohol
   - Inability to cope with daily problems and activities
   - Changes in eating or sleeping patterns
• Excessive complaints of physical problems
• Defying authority, skipping school, stealing or damaging property
• Intense fear of gaining weight
• Long-lasting negative mood
• Thoughts of death
• Frequent outbursts of anger

3. **Symptoms of Mental Disorders in Young Children:**
   • Changes in school performance
   • Poor grades despite strong efforts
   • Excessive worry or anxiety
   • Hyperactivity
   • Persistent nightmares
   • Continual disobedience and/or aggressive behavior
   • Frequent temper tantrums

B. **Diagnosis of Mental Illness** – the standard manual used by experts for the diagnosis of recognized mental illness in the United States is the *Diagnostic and Statistical Manual of Mental Disorders, 4th ed. (Text Revision (DSM-IV-TR)).* This official manual of mental health disorders is compiled by the **American Psychiatric Association (APA)** and identifies categories of adult mental illness. It is used by psychiatrists, psychologists, social workers, and other health care providers, to understand and diagnose mental health disorders. It is also used by insurance companies and health care providers to classify and code mental health disorders for reimbursement of services rendered.

1. **Psychiatry** – the branch of medicine that deals with the diagnosis, treatment, and prevention of mental illness.
   a. **Psychiatrist** – the physician who specializes in this field of medicine. A psychiatrist is a medical doctor (MD) with specialized training in *psychotherapy* and *drug therapy*. He or she can further specialize in *child psychiatry* or in *forensic psychiatry.*

2. **Psychoanalysts** – psychiatrists with specialized training in *psychoanalysis*, a method of obtaining a detailed account of past and present mental and emotional experiences and repressions.

3. **Psychology** – the study of the mind.
   a. **Psychologist** is a person who is not a medical doctor, but one who has a masters degree or doctorate of philosophy (PhD) degree in a specific field of psychology, such as *clinical, experimental,* or *social.*
   b. **Clinical Psychologists** – are patient-oriented and can use various methods of psychotherapy to treat patients, but cannot prescribe medications or electroconvulsive therapy (ECT). They are trained in the use of tests for the
evaluation of various aspects of a patient’s mental health and intelligence. Examples are:

- **Intelligence Quotient (IQ) Tests** – including the Stanford-Binet Intelligence Scale and the Wechsler Adult Intelligence Scale (WAIS).
- **Rorschach Inkblot Test**
- **Thematic Apperception Test (TAT)** – pictures are used as stimuli for the creation of stories by the patient.
- **Minnesota Multiphasic Personality Inventory (MMPI)** – consists of true-false questions that can reveal aspects of personality, such as dominance, sense of duty or responsibility, and ability to relate to others, and is used as an objective measure of psychological disorders in adolescents and adults.

Psychiatrists and psychologists also use specially designed interview and assessment tools to evaluate a person for a mental illness. The therapist bases his or her diagnosis on the person’s report of symptoms, including any social or functional problems caused by the symptoms. The therapist then determines if the person’s symptoms and degree of disability indicate a diagnosis of a specific disorder.

C. **Treatments for Mental Illness** – There are three basic forms of treatment for mental illness:

1. **Drug Therapy**
   - **Mental Disorders** – include antianxiety agents, antidepressant agents, antimanic agents, and antipsychotic agents.
   - **Attention-Deficit/Hyperactivity Disorder** – include stimulants.

2. **Psychotherapy** – a method of treating mental disorders using psychological techniques instead of physical methods. It involves talking, interpreting, listening, rewarding, and role-playing. Psychotherapy should be performed by a trained mental health professional, such as a psychiatrist, psychologist, social worker, or counselor. Types of psychotherapy include:
   - **Cognitive-Behavioral Therapy (CBT)** – research has shown that CBT is an effective form of psychotherapy for several anxiety disorders, particularly panic disorder and social phobia. CBT has two components:
     - **Cognitive Component** – helps people change thinking patterns that keep them from overcoming their fears.
     - **Behavioral Component** – seeks to change people’s reactions to anxiety-provoking situations. A key
element of this component is exposure, in which people confront the things they fear.

b. **Family Therapy** – involves an entire family and focuses on resolving and understanding conflicts and problems as a *family* situation and not just an individual member’s problem.

c. **Group Therapy** – involves small groups of people with similar problems attending meetings together. There are discussions and interactions between group participants; a therapist helps to focus and guide the therapy sessions.

d. **Play Therapy** (Fig. 22–2, p. 743) – involves a child using toys to express thoughts, feelings, fantasies, and conflicts. Because most emotionally disturbed children will not talk about their problems, play therapy provides an alternative method to encourage children to open up about what is troubling them. Children reveal themselves when they play with toys provided by the therapist and often act out their problems.

e. **Art Therapy** – can be used to encourage a child to portray his or her feelings in drawings. When asked to draw the family or a picture of self, information about the child, the family and the child’s interactions can be revealed.

f. **Hypnosis** – a state of altered consciousness, usually artificially induced, used in treating mental illness by lessening the mind’s unconscious defenses and allowing some patients to be able to recall and even re-experience important childhood events that have long been forgotten or repressed. Historically, **Dr. Sigmund Freud**, a noted Austrian neurologist and psychoanalyst, developed the theory of the unconscious as a result of his experiments with a hypnotized patient.

g. **Psychoanalysis** – a method of obtaining a detailed account of past and present mental and emotional experiences and repressions. It is believed that these conflicts have been repressed since childhood and after being brought to the conscious level can be resolved.

3. **Electroconvulsive Therapy (ECT)** – the use of an electric shock to produce convulsions. It is useful for individuals whose depression is severe or life threatening, particularly for those who cannot take antidepressant medication. The steps of the procedure usually include:

a. **Muscle Relaxant** is given to the patient before the treatment, which is performed under brief anesthesia.

b. **Electrodes** are placed at precise locations on the head to deliver electrical impulses. The stimulation causes a brief seizure (about 30-second) within the brain. The person
receiving ECT does not consciously experience the electrical stimulus. For full therapeutic benefit, at least several sessions of ECT, typically given at the rate of three per week, are required.

II. Life Span Considerations
A. The Child – depression in children has been taken very seriously during the last 20 years. Children suffering from depression can:
   • Pretend to be sick.
   • Refuse to go to school.
   • Cling to a parent.
   • Worry that the parent could die.
   • Sulk.
   • Get into trouble at school.
   • Be negative.
   • Be grouchy.
   • Feel misunderstood.
Because normal behaviors vary from one childhood stage to another, it can be difficult to tell whether a child is just going through a temporary phase or suffering from depression. If a visit to the child’s pediatrician rules out physical causes, the doctor is likely to suggest a psychiatrist who specializes in the treatment of children evaluate the child.

1. Symptoms of Depression in the Child
   a. Toddlers – sadness; inactivity; complaints of stomachaches; and in rare cases, self-destructive behavior.
   b. Elementary-School-Age Children – unhappiness; poor school performance; irritability; refusal to take part in activities child used to enjoy; occasional thoughts of suicide.
   c. Adolescents – sadness; withdrawal; feelings of hopelessness or guilt; changes in sleeping or eating habits; frequent thoughts of suicide.
A child does not understand feelings of stress, anxiety, or depression. He or she does not know how to ask for help, so when a child exhibits dramatic mood or behavior shifts, a physician should be consulted immediately. The physician could recommend psychotherapy or prescribe an antidepressant for children who are at least five years of age or older.

The National Institute of Mental Health (NIMH) has identified the use of medications for depression in children as an important area for research. The NIMH-supported Research Units on Pediatric Psychopharmacology (RUPPs) form a network of seven research sites where clinical studies on the effects of medications for mental disorders can be conducted on children and adolescents. Among the medications being studied are antidepressants, some of which have been found to be effective in
treat children with depression, if properly monitored by the child’s physician.

B. The Older Adult (Fig. 22–3, p. 746) – older Americans are disproportionately likely to die by suicide. Of those who commit suicide, 90% suffer from depression or a diagnosable mental or substance abuse disorder. Americans age 65 and older account for an estimated 2 million suffering from **depressive illness** (major depression, dysthymia, which is moderate but long-term, chronic depression, or bipolar disorder) and another 5 million may have **subsyndromal depression**, or depressive symptoms that fall short of meeting full diagnostic criteria for a depressive illness. Subsyndromal depression is especially common among older persons and is associated with an increased risk of developing major depression. In any of these forms, however, depressive symptoms are **not** a normal part of aging. In contrast to the normal emotional experiences of sadness, grief, loss, or passing mood states, some depressive symptoms tend to be persistent and to interfere significantly with an individual’s ability to function. A loss of interest in food, sex, work, family, friends, and hobbies should be noted in an older person. Depression often co-occurs with other serious illnesses such as heart disease, stroke, diabetes, cancer, and Parkinson’s disease. Because many older adults face these illnesses as well as various social and economic difficulties, health care professionals often mistakenly conclude that depression is a normal consequence of these problems—an attitude often shared by patients themselves. These factors together contribute to the underdiagnosis and undertreatment of depressive disorders in older people. Depression can and should be treated when it co-occurs with other illnesses, because untreated depression can delay recovery from or worsen the outcome of other illnesses. If a diagnosis of depression is made, treatment with medication and/or psychotherapy will help the depressed person return to a happier, more fulfilling life. Recent research suggests that brief psychotherapy is effective in reducing symptoms in short-term depression in older persons who are medically ill. Psychotherapy is also useful in older patients who cannot or will not take medication. Improved recognition and treatment of depression in later life will make those years more enjoyable and fulfilling for the depressed older person, the family, and caretakers.

III. Building Your Medical Vocabulary

A. Medical Words and Definitions – this section provides the foundation for learning medical terminology. Medical words can be made up of four types of word parts:
   1. **Prefix (P)**
   2. **Root (R)**
   3. **Combining Forms (CF)**
   4. **Suffixes (S)**
By connecting various word parts in an organized sequence, thousands of words can be built and learned. In the text, the word list is alphabetized so one can see the variety of meanings created when common prefixes and suffixes are repeatedly applied to certain word roots and/or combining forms. Words shown in pink are additional words related to the content of this chapter that have not been divided into word parts. Definitions identified with an asterisk icon (*) indicate terms that are covered in the Pathology Spotlights section of the chapter.

IV. Drug Highlights

A. Antianxiety Agents – chemical substances that relieve anxiety and muscle tension. They are indicated when anxiety interferes with a person’s ability to function properly.
   1. Benzodiazepines – a group of drugs with similar chemical structures and pharmaceutical activities. They are the most widely prescribed drugs for the treatment of anxiety.
   2. Azipirones – buspirone is an antianxiety medication that is used to treat generalized anxiety disorder (GAD). Possible side effects include dizziness, headaches, and nausea. Unlike the benzodiazepines, buspirone must be taken consistently for at least two weeks to achieve an antianxiety effect.

B. Antidepressant Agents – chemical substances that relieve the symptoms of depression. They are indicated when depression interferes with a person’s ability to function properly. Antidepressant agents may be grouped:
   1. Selective Serotonin Reuptake Inhibitor (SSRIs) – drugs in this group specifically block reabsorption of serotonin.
   2. Serotonin-Norepinephrine Reuptake Inhibitor (SNRIs) – drugs in this group block the reabsorption of serotonin and norepinephrine.
   3. Tricyclic Antidepressants (TCAs) – drugs in this group raise the level of norepinephrine and serotonin in the brain by slowing the rate at which they are reabsorbed by nerve cells.
   4. Monoamine Oxidase Inhibitors (MAOIs) – drugs in this group work by blocking the breakdown of two potent neurotransmitters, norepinephrine and serotonin, and by allowing them to bathe the nerve endings for an extended length of time.

C. Lithium Carbonate – although this is not a group of drugs, there are various lithium medications that control mood disorders by directly affecting internal nerve cell processes in all the neurotransmitter systems. Lithium is best known as an antimanic drug used in the treatment of bipolar disorder.

D. Miscellaneous Drugs – there are many newly created drugs for treating depression. Some of these drugs are used for other illnesses and are being tested for treating depression; then there are those that do not fit into any of the described groups.
E. Antipsychotic Agents – these agents modify psychotic behavior and are called neuroleptics. Many antipsychotic agents are derivatives of phenothiazine, an organic compound used in the manufacture of certain of these drugs. They are used in the treatment of acute and chronic schizophrenias, organic psychoses, the manic phase of bipolar disorder, and psychotic disorders.

F. Atypical Antipsychotics – drugs in this group affect serotonin and dopamine.

G. Stimulants – these drugs stimulate the central nervous system (CNS) and are generally prescribed for attention-deficit hyperactivity disorder. When these drugs are used, care must be taken to avoid abuse and excessive CNS stimulation by overdose. Many of these drugs are Schedule II agents with very high potential for abuse.

V. Abbreviations (p. 757)

VI. Pathology Spotlights – Please note that the following information on mental disorders has been adapted from the National Institute of Mental Health (NIMH), which is a component of the National Institutes of Health (NIH) and a part of the U.S. Department of Health and Human Services (HHS).

A. Attention-Deficit/Hyperactivity Disorder (AD/HD) – one of the most common of the psychiatric disorders that appear in childhood. Children with AD/HD cannot stay focused on a task, cannot sit still, act without thinking, and rarely finish anything. AD/HD affects an estimated 4.1% of youths ages 9 to 17, and about 2 to 3 times more boys than girls are affected. AD/HD often co-occurs with other problems, such as depressive and anxiety disorders, conduct disorder, drug abuse, or antisocial behavior. Children with untreated AD/HD have higher than normal rates of injury, and the disorder can have long-term effects on a child’s ability to make friends or do well at school or work. Over time, children with AD/HD can develop depression, poor self-esteem, and other emotional problems. The disorder frequently persists into adolescence and affects between 2 to 4% of adults. Over 50% of those who took medication for AD/HD as children will still need medication as adults. There are three different types of attention-deficit/hyperactivity disorder:

1. Inattentive AD/HD
2. Hyperactive-Impulsive AD/HD
3. Combined AD/HD – a combination of the inattentive and the hyperactive-impulsive type and the most common of the three types. Children with combined AD/HD can:
   - Have short attention spans.
   - Be distracted easily.
   - Not pay attention to details.
   - Make many mistakes.
   - Fail to finish things.
   - Have trouble remembering things.
• Not seem to listen.
• Not be able to stay organized.
• Fidget and squirm.
• Be unable to stay seated or play quietly.
• Be distracted easily.
• Run or climb too much or when they should not.
• Talk too much or when they should not.
• Blurt out answers before questions are completed.
• Have trouble taking turns.
• Interrupt others.

A diagnosis of AD/HD usually is made when a child has several of the listed symptoms that begin before age 7 and last at least 6 months. Generally, symptoms have to be observed in at least two different settings, such as home and school, before a diagnosis is made. A comprehensive medical evaluation of the child must be conducted to establish a correct diagnosis of AD/HD and to rule out other potential causes of the symptoms. Ideally, a health care practitioner making a diagnosis should include input from both parents and teachers. Treatment for AD/HD includes:

• **Stimulants** – the most widely used drugs, stimulants increase activity in parts of the brain that appear to be underactive in children and adolescents with this disorder. Stimulants improve attention and reduce impulsive, hyperactive, or aggressive behavior. Ritalin is the most common medication prescribed for AD/HD but care must be taken when prescribing and monitoring. Ritalin is classified as a Schedule II drug under the **Federal Control Substances Act** with a high potential for abuse, and it does have side effects.

• **Antidepressants** – can also help alleviate symptoms of the disorder.

• **Behavior Therapy** – involves using techniques and strategies to modify the behavior of children with the disorder. Behavior therapy includes:
  - Instruction for parents and teachers on how to manage and modify the child’s behavior, such as rewarding good behavior.
  - Use of daily report cards to link efforts between home and school; parents reward the child for good school performance and behavior.
  - Attendance at special classes that use intensive behavior modification.
  - Use of specially trained aides in the classroom.

While a combination of stimulants and behavior therapy is believed to be helpful, it is not clear how long the benefits from this approach last. The National Institute of Mental Health is
supporting research on the long-term benefits of various treatments, as well as research to determine if medication and behavior treatment are more effective when combined. Ongoing research efforts also are aimed at identifying new medicines and treatments.

B. Bipolar Disorder or Manic-Depressive Illness – a depressive brain disorder that causes unusual shifts in a person’s mood, energy, and ability to function. Bipolar disorder is characterized by cycling mood changes of severe highs (mania) and lows (depression). Sometimes the mood switches are dramatic and rapid, but most often they are gradual. When in the depressed cycle, an individual can have any or all of the symptoms of depression. Mania, left untreated, may worsen to a psychotic state.

Symptoms of mania include:

- Abnormal or excessive elation
- Unusual irritability
- Decreased need for sleep
- Grandiose notions
- Increased talking
- Racing thoughts
- Increased sexual desire
- Markedly increased energy
- Poor judgment
- Inappropriate social behavior

Abnormal or excessive bipolar disorder typically develops in late adolescence or early adulthood, although some people have their first symptoms during childhood, and some develop them late in life. It often is not recognized as an illness, and people suffer for years before it is properly diagnosed and treated. Symptoms associated with different levels of bipolar disorder are:

1. **Severe Episodes of Mania or Depression** – include symptoms of psychosis (psychotic symptoms), such as hallucinations and delusions. People with bipolar disorder who have these symptoms are sometimes incorrectly diagnosed as having schizophrenia. Without treatment, people who have bipolar disorder often go through devastating life events such as marital breakups, job loss, substance abuse, and suicide.

2. **Hypomania** – mild to moderate level of mania, which can feel good to the person who experiences it and can even be associated with good functioning and enhanced productivity. Thus, even when family and friends learn to recognize the mood swings as possible bipolar disorder, the person could deny that anything is wrong. Without proper treatment, however, hypomania can become severe mania in some people or can cycle into depression.

3. **Mixed Bipolar State** – in these cases, symptoms of mania and depression occur together. Symptoms often include agitation, trouble sleeping, significant changes in appetite, psychosis, and
suicidal thinking. A person can have a very sad, hopeless mood while at the same time feeling extremely energized. Eighty to 90% of people who have bipolar disorder can be treated effectively with medication and psychotherapy. Self-help groups can offer emotional support and assistance in recognizing signs of relapse to avert a full-blown episode of bipolar disorder. Mood stabilizers are the most commonly prescribed medications to treat bipolar disorder.

C. Depression – varies in intensity, severity, persistence, and number of symptoms. Two types of depression are:

1. **Major depression** – is characterized by a combination of symptoms that interfere with the ability to work, study, sleep, eat, and enjoy once pleasurable activities. Symptoms can be so severe the person literally is unable to drag himself or herself out of bed. Such a disabling episode of depression can occur only once but more commonly occurs several times in a lifetime.

2. **Dysthymia** – is a less severe type of depression that involves long-term, chronic symptoms that do not disable, but keep an individual from functioning well or from feeling good. Many people with dysthymia also experience major depressive episodes at some time in their lives.

Not everyone who is depressed experiences every symptom. Some people experience a few symptoms, some many. Severity of symptoms varies with individuals and also varies over time. Symptoms of depression include:

- Persistent sad, anxious, or empty mood.
- Feelings of hopelessness, pessimism.
- Feelings of guilt, worthlessness, helplessness.
- Loss of interest or pleasure in hobbies and activities including sex.
- Decreased energy, fatigue, feeling slowed down.
- Difficulty concentrating, remembering, making decisions.
- Insomnia, early-morning awakening, or oversleeping.
- Appetite and/or weight loss or overeating and weight gain.
- Restlessness, irritability.
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain.
- Thoughts of death or suicide; suicide attempts.

A diagnosis of depression is made when four or more of the previously described symptoms have been present continually, or most of the time, for more than 2 weeks. The term **clinical depression** means the episode of depression is serious enough to require treatment. Major types of medications used to treat depression include: tricyclic antidepressants (TCAs), selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), and monoamine oxidase inhibitors (MAOIs). Electroconvulsive therapy (ECT) is useful,
particularly for individuals whose depression is severe or life threatening or who cannot take antidepressant medication.

D. Generalized Anxiety Disorder (GAD) – is a chronic disorder that fills a person’s life with exaggerated worry and tension. Having this disorder means always anticipating disaster, worrying excessively about health, money, family, or work. Sometimes, though, the source of the worry is hard to pinpoint. Simply the thought of getting through the day provokes anxiety. Their worries are accompanied by physical symptoms, especially fatigue, headaches, muscle tension, muscle aches, difficulty swallowing, nausea, trembling, twitching, lightheadedness, irritability, sweating, hot flashes, and trouble sleeping. GAD affects about 4 million adult Americans and about twice as many women as men. The disorder comes on gradually and can begin across the life cycle, although the risk is highest between childhood and middle age. It is diagnosed when someone spends at least 6 months worrying excessively about a number of everyday problems. There is evidence that genes play a modest role in GAD. Antianxiety medication is used to treat generalized anxiety disorder.

E. Obsessive-Compulsive Disorder (OCD) – involves persistent, unwelcome thoughts or images or the urgent need to engage in certain rituals that the person cannot control. The disturbing thoughts or images are called obsessions, and the rituals performed to try to prevent or get rid of them are called compulsions. The person experiences only temporary relief not pleasure in carrying out the rituals, caused by the anxiety that increases when they are not perform. OCD afflicts about 3.3 million adult Americans. It strikes men and women in approximately equal numbers and usually first appears in childhood, adolescence, or early adulthood. One-third of adults with OCD report having experienced their first symptoms as children. The course of the disease is variable; symptoms can come and go, can ease over time, or can become progressively worse. Research evidence suggests that OCD could run in families. Benzodiazepines are the class of drugs most often prescribed for this anxiety disorder.

F. Panic Disorder – a form of anxiety disorder often called panic attacks, have feelings of terror that strike suddenly and repeatedly with no warning. They cannot predict when an attack will occur, and many develop intense anxiety between episodes, worrying about when and where the next one will strike. Panic disorder affects about 2.4 million adult Americans and is twice as common in women as in men. It most often begins during late adolescence or early adulthood. Risk of developing panic disorder appears to be inherited. When having a panic attack, a person feels sweaty, flushed or chilled, weak, faint, or dizzy. The hands can tingle or feel numb. There can be nausea, chest pain or a smothering sensation, a sense of unreality, or fear of impending doom or loss of control. The individual can genuinely believe that he or she is having a heart attack, losing his or her mind, or on the verge of death. Some people’s lives become so restricted that they avoid normal, everyday
activities and become housebound. When this happens, in about one-third of people with panic disorder, the condition is called agoraphobia. Benzodiazepines are the class of drugs most often prescribed for panic disorder.

G. Post-traumatic Stress Disorder (PTSD) – one of the anxiety disorders, is a debilitating condition that can develop following a terrifying event. Often, people with PTSD have persistent frightening thoughts and memories of their ordeals and feel emotionally numb, especially with people to whom they were once close. PTSD was first brought to public attention by war veterans, but it can result from any number of traumatic incidents, such as a mugging, rape, or torture; being kidnapped or held captive; child abuse; serious accidents such as car or train wrecks; and natural disasters such as floods or earthquakes. The event that triggers PTSD can be something that threatened the person’s life or the life of someone close to the person. It also could be something witnessed, such as massive death and destruction after a building is bombed or a plane crashes. Some people with PTSD will:

- Relive the trauma in the form of nightmares and disturbing recollections during the day.
- Experience other sleep problems.
- Feel detached or numb, or be easily startled.
- Lose interest in things they used to enjoy and have trouble feeling affectionate.
- Feel irritable, more aggressive than before, or even violent.
- Avoid certain places or situations that bring back traumatic memories.

PTSD affects about 5.2 million adult Americans. Women are more likely than men to develop PTSD. It can occur at any age, including childhood and there is some evidence that susceptibility to PTSD runs in families. The disorder is often accompanied by depression, substance abuse, or one or more other anxiety disorders. In severe cases, the person has trouble working or socializing. Not every traumatized person experiences full-blown PTSD, or PTSD at all. PTSD is diagnosed only if the symptoms last more than a month. In those who do develop PTSD, symptoms usually begin within 3 months of the trauma, and the course of the illness varies. Some people recover within 6 months, others have symptoms that last much longer. In some cases, the condition is chronic. Occasionally, the illness does not develop until years after the traumatic event. As with the other anxiety disorders, benzodiazepines are the class of drugs most often prescribed for this disorder.

H. Schizophrenia – a mental disorder characterized by positive and negative symptoms.

1. Positive or Psychotic Symptoms:
   - Delusion
   - Hallucinations
   - Disordered thinking
2. **Negative Symptoms:**

- Social withdrawal
- Extreme apathy
- Diminished motivation
- Blunted emotional expression

Negative symptoms are sometimes mistaken for laziness or depression, hindering diagnosis. Cognitive symptoms (or cognitive deficits), such as problems with attention and certain types of memory, and the functional ability to plan and organize can also be present. These can be difficult to recognize as part of the disorder but often are the most destructive in terms of leading a normal life.

Schizophrenia generally begins in late adolescence or early adulthood, and is one of the most disabling and puzzling mental disorders. Researchers now consider schizophrenia to be a group of mental disorders rather than a single illness. The causes of schizophrenia are unknown, but the disease affects perception, memory, attention, cognition, and emotion. Factors that may increase one’s risk of the disease are:

   a. **Heredity** – a child who has one parent with schizophrenia has about a 10% chance of developing the illness, versus a 1% chance if neither parent has schizophrenia.
   b. **Fetal Development Events That Affect the Brain** – such as viral infections in the mother during pregnancy.
   c. **Environmental Stressors** – exposure to pollutants or toxins.
   d. **Psychological Stress** – interactive factors that can produce schizophrenia.
   e. **Abnormalities in Both the Brain’s Structure and Biochemical Activities** – seem to be implicated in the illness.

People who have schizophrenia often require medication to control the most troubling symptoms. **Antipsychotic medications** help bring biochemical imbalances closer to normal, and some may be effective for symptoms such as social withdrawal, extreme apathy, and blunted emotional expression. **Psychotherapy** and **electroconvulsive therapy** can be part of a treatment regimen for certain patients.

I. **Social Phobia or Social Anxiety Disorder** – involves overwhelming anxiety and excessive self-consciousness in everyday social situations. People with social phobia have a persistent, intense, and chronic fear of being watched and judged by others and being embarrassed or humiliated by their own actions. Their fear can be so severe that it interferes with work, school, and other ordinary activities. Social phobia can be limited to only one type of situation or, in its most severe form, can be so broad that a person experiences symptoms almost anytime they are around other people. Physical symptoms often accompany the intense anxiety of social phobia and include blushing, profuse sweating, trembling, nausea, and difficulty talking. People with social phobia are aware that their feelings...
are irrational. Social phobia affects about 5.3 million adult Americans. Women and men are equally likely to develop social phobia. The disorder usually begins in childhood or early adolescence and there is some evidence that genetic factors are involved. Benzodiazepines are the class of drugs most often prescribed for social phobia, an anxiety disorder.

J. **Suicidal Feeling**—anyone who is thinking about committing suicide needs immediate attention. Anyone who talks about suicide should be taken seriously. Risk for suicide appears to be highest in those with mental illnesses like depression and bipolar disorder. Signs and symptoms that can accompany suicidal feelings include:

- Talking about feeling suicidal or wanting to die.
- Feeling hopeless, that nothing will ever change or get better.
- Feeling helpless, that nothing one does makes any difference.
- Feeling like a burden to family and friends.
- Abusing alcohol or drugs.
- Putting affairs in order (organizing finances or giving away possessions).
- Writing a suicide note.
- Putting oneself in harm’s way, or in situations that involve a danger of being killed.

VII. **Pathology Checkpoint**

VIII. **Study and Review (pp. 765–768)**

IX. **Practical Application: SOAP: Chart Note Analysis**