MAR GREGORIOS COLLEGE OF ARTS & SCIENCE

Block No.8, College Road, Mogappair West, Chennai – 37

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PG DEPARTMENT OF SOCIAL WORK

SUBJECT NAME: MENTAL HEALTH AND SOCIAL WORK

SUBJECT CODE: HAW4H

SEMESTER: IV

PREPARED BY: PROF. YAMINI RAJAGOPAL

Objectives:

- To understand the concept of Mental Health and the characteristics of PositiveMental Health
- To acquire knowledge of Psychiatric disorders
- To develop skills in identifying mental disorders in health setting and in communitywork.
- To sensitize students of the need for a proactive, preventive approach in mentalhealth.

Unit 1

Concept of Mental Health & Mental Illness: Concept of Mental Health, Magnitude of Mental Health problems in India, Indian view of Mental Health, Changing trends inMental Health Care

Classification of Mental Disorder – ICD 10 & ICF, DSM-IV

Unit 2

Common Mental Disorders (ICD 10 classification) – Clinical signs & symptoms Organic Mental Disorders, Mental and behavioral disorders due to psychoactive substance use, Schizophrenia, Mood Disorders

Unit 3

Common Mental Disorders (ICD 10 classification) – Clinical signs & symptoms Neurotic stress related and Somatoform disorders, psycho-physiological disorders, Suicide, Sexual disorders; Disorders of adult personality and behaviour, Mentalretardation and Psychiatric disorders in Childhood

Unit 4

Psychiatric assessment: History taking and Mental Status Examination, use of interview in Psychiatric Setting, Psycho-social and Multi-dimensional assessment of Mental disorders; Bio – Psycho-social assessment

Application of systems theory in assessment – use of genogram and eco-map; Use of mental health scales in assessment

Unit 5

Mental Health problems among vulnerable groups: Children, Adolescents, Women, Elderly, Disadvantaged Groups, Victims of Disaster, Individuals with Terminal and Chronic Illness, Victims of Violence, Care Givers, Women with Mental Illness / Mental Retardation, Sexual Minorities, Mental Illness and Homelessness

MENTAL HEALTH AND SOCIAL WORK

UNIT 1

CONCEPT OF MENTAL HEALTH AND MENTAL ILLNESS

CONCEPT OF MENTAL HEALTH:

Mental health refers to our cognitive, **behavioral**, and emotional wellbeing - it is all about how we think, feel, and behave. The term '**mental health**' is sometimes used to mean an absence of a **mental disorder**. **Mental health** can affect daily life, relationships, and even physical **health**

MAGNITUDE OF MENTAL HEALTH PROBLEMS IN INDIA:

Mental health in **India**: In **India**, WHO estimates that the burden of **mental health problems** is of the tune of 2,443 DALYs per 100,000 population , and the age-adjusted suicide rate per 100,000 population is 21.1.

INDIAN VIEW OF MENTAL HEALTH:

India is currently home to a population of over one billion citizens. A study conducted by the World Health Organization in 2015 shows that one in five Indians may suffer from depression in their lifetime, equivalent to 200 million people.

Due to the stigma associated with mental illness, a lack of awareness, and limited access to professional help, only 10-12% of these sufferers will seek help.

The Live Love Laugh Foundation (TLLLF) is a charity that aims to create awareness of mental illness and reduce the stigma associated with it, with a particular focus on stress, anxiety and depression.

CHANGING TRENDS IN MENTAL HEALTH CARE:

human civilization was largely ushered in with the development of agriculture. This represented a departure from the earlier hunting-gathering society. This gave rootedness and led to laws, rules and social norms.

Around 400-500 years ago, the industrial revolution was ushered in following advances in sciences with harnessing of energy. It also required establishment of factories, leading to centralization of work place, which in turn caused massification of population. Secondary and tertiary services were required to take care of the population, which included education, health, transport, etc.

The mental, behavioral, and social health problems have always been present in an increasing trend all over the world; but till the turn of the 21st century it has received attention only amongst the wealthier, industrialized nations.[1] This trend was reversed to a reasonable extent in the last decade and a half by the seminal document of The World Health Organization (WHO), "Stop exclusion dare to care".

Approximately 15 years back, it was predicted that the number of people with major mental illnesses will increase substantially in the forthcoming decades; one of the major reasons for this being linked with an increase in population between 15-45 years of age worldwide. Rapid population growth is one of the off-shoots of rapid urbanization, which is discussed in further detail later on.

CLASSIFICATION OF MENTAL DISORDER:

ICD 10& ICF

YOUR LIGHT SHINE

The International Classification of Diseases (ICD) is an international standard diagnostic classification for a wide variety of health conditions. The ICD-10 states that mental disorder is "not an exact term", although is generally used "...to imply the existence of a clinically recognisable set of symptoms or behaviours associated in most cases with distress and with interference with personal functions." Chapter V focuses on "mental and behavioural disorders" and consists of 10 main groups:[12]

- F0: Organic, including symptomatic, mental disorders

- F1: Mental and behavioural disorders due to use of psychoactive substances
- F2: Schizophrenia, schizotypal and delusional disorders
- F3: Mood [affective] disorders
- F4: Neurotic, stress-related and somatoform disorders
- F5: Behavioural syndromes associated with physiological disturbances and physical factors
- F6: Disorders of personality and behaviour in adult persons
- F7: Mental retardation
- F8: Disorders of psychological development
- F9: Behavioural and emotional disorders with onset usually occurring in childhood and adolescence
- In addition, a group of "unspecified mental disorders".

Within each group there are more specific subcategories. The WHO is revising their classifications in this section as part of the development of the ICD-11 (revision due by 2018) and an "International Advisory Group" has been established to guide this.[13]

DSM-IV

The DSM-IV was originally published in 1994 and listed more than 250 mental disorders. It was produced by the American Psychiatric Association and it characterizes mental disorder as "a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual,...is associated with present distress...or disability...or with a significant increased risk of suffering" but that "...no definition adequately specifies precise boundaries for the concept of 'mental disorder'...different situations call for different definitions" (APA, 1994 and 2000). The DSM also states that "there is no assumption that each category of mental disorder is a completely discrete entity with absolute boundaries dividing it from other mental disorders or from no mental disorders."

The DSM-IV-TR (Text Revision, 2000) consisted of five axes (domains) on which disorder could be assessed. The five axes were:

Axis I: Clinical Disorders (all mental disorders except Personality Disorders and Mental Retardation)

Axis II: Personality Disorders and Mental Retardation

Axis III: General Medical Conditions (must be connected to a Mental Disorder)

Axis IV: Psychosocial and Environmental Problems (for example limited social support network)

Axis V: Global Assessment of Functioning (Psychological, social and job-related functions are evaluated on a continuum between mental health and extreme mental disorder)

UNIT 2

COMMON MENTAL DISORDERS- (ICD 10 CLASSIFICATION)

CLINICAL SIGNS AND SYMPTOMS OF ORGANIC MENTAL DISORDERS:

- Confusion.
- Agitation.
- Irritability.
- A change in behavior, impaired **brain** function, cognitive ability, or memory.

MENTAL AND BEHAVIORAL DISORDER DUE TO PSYCHOACTIVE SUBSTANCE USE:

Harmful use

A pattern of psychoactive substance use that is causing damage to health. The damage may be physical (as in cases of hepatitis from the self-administration of injected psychoactive substances) or mental (e.g. episodes of depressive disorder secondary to heavy consumption of alcohol).

Psychoactive substance abuse

.2 Dependence syndrome

A cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

The dependence syndrome may be present for a specific psychoactive substance (e.g. tobacco, alcohol, or diazepam), for a class of substances (e.g. opioid drugs), or for a wider range of pharmacologically different psychoactive substances.

Chronic alcoholism
Dipsomania
Drug addiction

.3 Withdrawal state

A group of symptoms of variable clustering and severity occurring on absolute or relative withdrawal of a psychoactive substance after persistent use of that substance. The onset and course of the withdrawal state are time-limited and are related to the type of psychoactive substance and dose being used immediately before cessation or reduction of use. The withdrawal state may be complicated by convulsions.

.4 Withdrawal state with delirium

A condition where the withdrawal state as defined in the common fourth character .3 is complicated by delirium as defined in F05.-. Convulsions may also occur. When organic factors are also considered to play a role in the etiology, the condition should be classified to F05.8.

Delirium tremens (alcohol-induced)

.5 Psychotic disorder

A cluster of psychotic phenomena that occur during or following psychoactive substance use but that are not explained on the basis of acute intoxication alone and do not form part of a withdrawal state. The disorder is characterized by hallucinations (typically auditory, but often in more than one sensory modality), perceptual distortions, delusions (often of a paranoid or persecutory nature), psychomotor disturbances (excitement or stupor), and an abnormal affect, which may range from intense fear to ecstasy. The sensorium is usually clear but some degree of clouding of consciousness, though not severe confusion, may be present.

Alcoholic:
· hallucinosis
· jealousy
· paranoia
· psychosis NOS

Excludes: alcohol- or other psychoactive substance-induced residual and late-onset psychotic disorder (F10-F19 with common fourth character .7)

.6 Amnesic syndrome

A syndrome associated with chronic prominent impairment of recent and remote memory. Immediate recall is usually preserved and recent memory is characteristically more disturbed than remote memory. Disturbances of time sense and ordering of events are usually evident, as are difficulties in learning new material. Confabulation may be marked but is not invariably present. Other cognitive functions are usually relatively well preserved and amnesic defects are out of proportion to other disturbances.

Amnestic disorder, alcohol- or drug-induced
Korsakov's psychosis or syndrome, alcohol- or other psychoactive substance-induced or unspecified

Excludes: nonalcoholic Korsakov's psychosis or syndrome (F04)

.7 Residual and late-onset psychotic disorder

A disorder in which alcohol- or psychoactive substance-induced changes of cognition, affect, personality, or behaviour persist beyond the period during which a direct psychoactive substance-related effect might reasonably be assumed to be operating. Onset of the disorder should be directly related to the use of the psychoactive substance. Cases in which initial onset of the state occurs later than episode(s) of such substance use should be coded here only where clear and strong evidence is available to attribute the state to the residual effect of the psychoactive substance. Flashbacks may be distinguished from psychotic state partly by their episodic nature, frequently of very short duration, and by their duplication of previous alcohol- or other psychoactive substance-related experiences.

Alcoholic dementia NOS
Chronic alcoholic brain syndrome
Dementia and other milder forms of persisting impairment of cognitive functions
Flashbacks
Late-onset psychoactive substance-induced psychotic disorder
Posthallucinogen perception disorder
Residual:
· affective disorder

SCHIZOPHRENIA:

Schizophrenia is a chronic and severe mental disorder that affects how a person thinks, feels, and behaves. People with **schizophrenia** may seem like they have lost touch with reality. Although **schizophrenia** is not as common as other mental disorders, the symptoms can be very disabling.

MOOD DISORDERS:

Mood disorder, also known as **mood** affective **disorders**, is a group of conditions where a disturbance in the person's **mood** is the main underlying feature. The

classification is in the Diagnostic and Statistical Manual of Mental **Disorders** (DSM) and International Classification of Diseases (ICD).

UNIT 3

COMMON MENTAL DISORDERS- (ICD 10 CLASSIFICATION)

COMMON SIGNS AND SYMPTOMS OF NEUROTIC STRESS RELATED AND SOMATOFORM DISORDER:

People with this disorder have many physical symptoms from different parts of the body - for example:

- Headaches.
- Feeling sick (nauseated)
- Tummy (abdominal) pain.
- Bowel problems.
- Period problems.
- Tiredness.
- Sexual problems.

PSYCHO PHYSIOLOGICAL DISORDER:

A **psychophysiological disorder** is characterized by physical symptoms that are partly induced by emotional factors. ... Common psychosomatic ailments include migraine headaches, attention deficit hyperactivity **disorder** (ADHD), arthritis, ulcerative colitis, and heart disease.

SUICIDE:

Suicide is the act of intentionally causing one's own death. Mental disorders, including depression, bipolar disorder, schizophrenia, personality disorders, anxiety disorders, and substance abuse—including alcoholism and the use of benzodiazepines—are risk factors

SEXUAL DISORDER:

Sexual dysfunction generally is classified into four categories:

- Desire **disorders** —lack of **sexual** desire or interest in sex.
- Arousal **disorders** —inability to become physically aroused or excited during **sexual** activity.
- Orgasm **disorders** —delay or absence of orgasm (climax)
- Pain **disorders** — pain during intercourse.

DISORDERS OF ADULT PERSONALITY AND BEHAVIOR:

Disorders of adult personality and behaviour ... Personality disorder characterized by excessive sensitivity to setbacks, unforgiveness of insults; suspiciousness

MENTAL RETARDATION AND PSCHIATRIC DISORDER IN CHILDHOOD:

Mental retardation is defined as an IQ score below 70–75. ... Symptoms of **mental retardation** may appear at birth or later in **childhood**. The **child's** age at onset depends on the suspected cause of the disability. Some cases of mild **mental retardation** are not diagnosed before the **child** enters preschool or kindergarten.

Common childhood mental illnesses and developmental **disorders** include Depression, Bipolar **Disorder** and Anxiety **Disorders**, Autism and similar Pervasive Developmental **Disorders**, Attention Deficit and Hyperactivity **Disorder**, Learning Disabilities, Adjustment **Disorders**, Oppositional Defiant **Disorder**, and Conduct **Disorder**.

UNIT 4

PSYCHIATRIC ASSESSMENT

HISTORY TAKING AND MENTAL STATUS EXAMINATION:

Overview. The **history** and **Mental Status Examination** (MSE) are the most important diagnostic tools a psychiatrist has to obtain information to make an accurate diagnosis. ... These types of observations are important and may offer insight into the patient's illness.

USE OF INTERVIEW IN PSYCHIATRIC SETTING:

The goals of the **psychiatric interview** are: Build rapport. Collect data about the patient's current difficulties, past **psychiatric** history and medical history, as well as relevant developmental, interpersonal and social history. Diagnose the **mental health** issue(s).

PSYCHO-SOCIAL AND MULTI DIMENSIONAL ASSESSMENT OF MENTAL DISORDERS:

Adolescent **mental health problems** require treatment and care that are adapted to their needs. To evaluate this issue, it was decided to implement a **multidimensional** instrument focused on a global approach to adolescent **social** and behavioural functioning, combined with the ICD-10 classification

BIO- PSYCHOSOCIAL ASSESSMENT:

The **biopsychosocial** interview is an **assessment** of questions that determines psychological, biological, and social factors that could be contributing to a person's problem or problems. Biological (or '**bio**') questions assess for medical and genetic issues, age, developmental milestones, or physical characteristics.

APPLICATION OF SYSTEMS THEORY IN ASSESSMENT:

Systems theories are useful to social work practice as they provide a **theoretical** basis for **assessing** a client holistically by examining all the **systems** within her/his environment. ... Based on the **assessment**, underpinned by **systems theory**, the social worker determines which **system** needs the intervention.

USE OF GENOGRAM AND ECO-MAP:

Genograms and ecomaps are tools to help us gain as much information as possible about the perspective, context, and frame of reference of the families of children in

kinship foster care. The **genogram** is a tool for collecting information about the family's structure and the family's caregiving patterns over time.

USE OF MENTAL HEALTH SCALES IN ASSESSMENT:

The Global **Mental Health Assessment Tool** – Primary Care Version (GMHAT/PC) is a computerised clinical **assessment tool** developed to **assess** and identify a wide range of **mental health** problems in primary care. It generates a computer diagnosis, a symptom rating, a self-harm risk **assessment**, and a referral letter.

UNIT 5

MENTAL HEALTH PROBLEMS AMONG VULNERABLE GROUPS:

CHILDREN:

Mental health problems **affect** about 1 in 10 children and young people. ... The emotional wellbeing of children is just as important as their physical **health**. Good **mental health** allows children and young people **to develop** the resilience **to** cope with whatever life throws at them and grow into well-rounded, **healthy** adults.

ADOLESCENTS:

The most common **mental illnesses in adolescents** are anxiety, mood, attention, and behavior **disorders**. Suicide is the second leading cause of death **in** young people aged 15–24 years.

WOMEN:

Mental health problems affect women and men equally, but some are more common **among women**. Abuse is often a factor **in women's mental health problems**.

ELDERLY:

Common **mental** illnesses that are prevalent **in the elderly** include depression, dementia, Alzheimer's disease, anxiety, bipolar **disorder** and schizophrenia. Just how prevalent are these illnesses? 6 million Americans over the age of 65 are affected by depression and as many as 5 million may have Alzheimer's

DISADVANTAGED GROUPS:

People with **mental** and psychosocial **disabilities** are a **vulnerable** group as a result of the way they are treated by society. They are subjected to stigma and discrimination on a daily basis, and they experience extremely high rates of physical and sexual victimization.

VICTIMS OF DISASTER:

Ongoing stressors such as job loss, property damage, marital stress, physical **health conditions** related to the **disaster**, and displacement are often experienced by those affected by a **disaster** and can increase vulnerability to post-**disaster mental health conditions**, including PTSD (23) and depression (40, 49, 50).

INDIVIDUALS WITH TERMINAL AND CHRONIC ILLNESS:

Depression is common **among** people who have **chronic illnesses** such as the following: Cancer. Coronary **heart disease**. Diabetes. Epilepsy. Multiple sclerosis. Stroke. Alzheimer's **disease**. HIV/AIDS.

VICTIMS OF VIOLENCE:

The effect on **survivors' mental health** is profound and obvious. ... Domestic **violence** and severe **psychiatric disorders**: Prevalence and interventions.

CARE GIVERS:

Higher levels of stress, anxiety, depression and other mental health effects are common among family members who care for an older relative or friend.

- **Caregivers** show higher levels of depression.
- **Caregivers** suffer from high levels of stress and frustration.

- **Caregivers** are **in** worse **health**.

WOMEN WITH MENTAL ILLNESS:

Specifically, the **burden** of caring for people with **mental illness** include disruption of everyday life routine, stigma and blame, dissatisfaction with family and relatives, financial problems, physical **burden**, troubles with adherence of the patients to treatment and problems with health services and governmental support .

SEXUAL MINORITIES:

Evolving shifts in policy resulting in greater inclusion of the LGBT community may have an impact of the health of sexual minority women. The inclusion of measures of sexual orientation, identity and sexual behavior in population surveys has provided some insight into the health needs and health status of sexual minority women.

MENTAL ILLNESS AND HOMELESSNESS:

Affective **disorders** such as depression and bipolar **disorder**, schizophrenia, anxiety **disorders** and substance abuse **disorders** are **among** the most common types of **mental illness in** the **homeless** population.