

## PSYC3314 Adult Psychopathology Notes

### Topics:

1. Assessment and diagnosis of psychopathology
2. Approaches to psychopathology
3. Mood disorders
4. Schizophrenia
5. Ethical and forensic issues in mental health
6. Anxiety disorders
7. Eating disorders
8. Sexual disorders
9. Personality disorders
10. Substance-related disorders
11. Neurocognitive disorders
12. Neuropsychological rehabilitation
13. Physical disorders and health psychology

## TOPIC 1: Assessment and diagnosis of psychopathology

### Difference between diagnostic systems:

- **DSM-IV (1994) and DSM-IV-TR (2000)** → no definition adequately specifies precise boundaries for the concept mental disorder
- **DSM-5 (2013)** →
  - The diagnosis of a mental disorder should have **clinical utility**
    - Should help clinicians with determining → prognosis, treatment plans, potential treatment outcomes
    - Diagnosis is not equivalent to a need for treatment
  - **Harmonisation between DSM and ICD** (international classification of diseases)
    - Transition toward a **dimensional** approach
    - Rigid categories do not capture clinical experience or scientific observations
    - People missing out on treatments because they missed out a few symptoms in the criteria
    - Many symptoms occur at varying degrees of severity in a number of disorders e.g. anxiety
    - From yes / no to how much / severe (based on number of symptoms and / or level of distress and interference with functioning)
    - Boundaries between normality and pathology vary across cultures
  - **Mental disorder:**
    - A clinically significant disturbance in cognition, emotional regulation or behaviour
    - Reflects a dysfunction in the psychological, biological or developmental processes underlying mental functioning
    - Causes clinically significant distress or impairment in social, occupational or other important areas of functioning
  - **NOT a mental disorder:**
    - An expectable or culturally approved response to a common stressor or loss (e.g. the death of a loved one)
    - Socially deviant behaviour (e.g. political, religious or sexual) and conflicts that are primarily between the individual and society

### The Rosenhahn Study (1969-1972):

- Wanted to see the potential of **labelling**
- Tried to get into a mental asylum → pretended to have symptoms of **auditory hallucinations** (although words given, e.g. **empty, dull, thud**, were not typical of symptoms) → stopped having symptoms as soon as admitted
- Contact with staff → 6.5 minutes / day
- Contact with outside visitors → wife of experimenter = 4/7 total number of visits on weekend

- **None of the staff caught on** (therefore had to discontinue the study), but **other patients caught on quickly** → “obsessive note-taking”
- Probably would not happen today

### Prevalence of mental disorders in Australia:



### Assessment of mental disorders:

- Our ability of treating a disorder is directly related to our skill of identifying it
- All assessment techniques must have →
  - Reliability (e.g. test-retest, inter-rater)
  - Validity (e.g. construct, predictive, concurrent)
- Assessment is an ongoing process
- Consumer tips →
  - Know the purpose of the assessment
  - Ask for published information on reliability and validity
  - Ask for comprehensive feedback in a language you understand

### DSM-4 Multiaxial Diagnosis (pre-2013)

- Axis I: Clinical Disorders
- Axis II: Personality Disorders, Mental Retardation
- Axis III: General Medical Condition
- Axis IV: Psychosocial and Environmental Problems (e.g. divorce, lost job)
- Axis V: Global Assessment of Functioning

### DSM-5 (2013)

- **Axis I, II and III = section I** = single combined section
  - Now all disorders are in a single combined section
  - If associated medical conditions are thought to ‘cause’ the symptom features, then a separate diagnosis is given (e.g. Depressive Disorder Due to Another Medical Condition such as traumatic brain injury)