Lecture 1

Introduction

- According to the WHO, mental health is 'a state of well-being where an individual realizes their own abilities and can cope with the normal stresses of life while contributing to their community'
    - Note that it is *not merely the absence of problems*; it involves being able to "weather the storm" of life's environmental demands
- Signs vs symptoms vs syndrome
    - **Signs** = *objective*, *observable* features, such as:
        - Agitation / pacing
        - Blunted affect (lack of displayed emotion, common in depression, schizophrenia)
        - Tremor
    - **Symptoms** = *subjective* experiences that *cannot be objectively observed*, such as
        - Feeling sad
        - Hallucinations
        - Sensations of panic
    - **Syndromes** = clusters of signs and syndromes *without a single known cause*
- Epidemiology of mental disorders
    - ≈ 50% of mental disorders begin early in life
    - The Dunedin cohort study is a well known study that found 85% of the population met criteria for at least one mental disorder by middle age
    - Mental disorders are very common in people with major medical disorders
        - 1/3 of patients with serious chronic conditions (eg cancer, diabetes) meet criteria for anxiety or mood disorders
    - Epidemiology can be difficult to establish because stigma prevents people from seeking support, causing them to go 'under the radar'

Support Systems in Australia

- In Australia GPs are the main entry point for mental healtcare
    - They can provide a mental health treatment plan for 10 subsidised psychology sessions
- Psychologists focus on assessment, diagnosis (if there one or more diagnoses are present), and providing psychotherapy
- Psychiatrists are doctors that primarily treat mental illness with medications

What is Abnormal?

- Statistic rareness (infrequency)
    - **Statistical infrequency** = traits or behaviours that occur rarely in the population
    - Rareness alone does not indicate psychopathology because there are many attributes that are *rare* but not pathological
        - For example, elite athletic ability, very high IQ
    - Therefore low prevalence is *insufficient* to distinguish mental disorder from normal variation
- Norm violation
    - **Norm violation** = traits, behaviours or experiences that fall *outside* of *culturally accepted rules / expectations*
    - Cultural norms vary from one country / society to the next, and change over time. This makes the 'norm violation' criterion *subjective*
    - Historically, norm violation has been used by those in power to *pathologise* non-pathological behaviour
        - For example, homosexuality was (up until the 1980s) considered devious and pathological and was a diagnosable mental disorder
- Distress
    - **Distress** = subjective suffering, such as anxiety, sadness, emotional pain
        - Mental disorders commonly cause distress, *but not always*
            - For example, some individuals with Bipolar Disorder experiencing *mania* may not feel distress in that moment
            - Likewise for patients with substance use disorder
    - Distress is a normal human experience that is *not inherently pathological*; depends on the *severity* and *frequency*
- Disability and dysfunction
    - Disability and dysfunction refer to impaired ability to perform at work, engage socially with others, complete daily tasks of living etc
    - Dysfunction also depends heavily on cultural and societal expectations

DSM-5: What Constitutes a Mental Disorder?

- What is the DSM-5?
    - The DSM (currently in 5th edition) is a system used to classify and diagnose mental disorders
    - It specifies the criteria that must be satisfied in order for an individual to be diagnosed with a particular disorder
    - It also categorises disorders into *chapters*
        - For example, bipolar disorder and major depressive disorder are both classed as *mood disorders*