

BMHP6006

Mental disorders and psychopathology

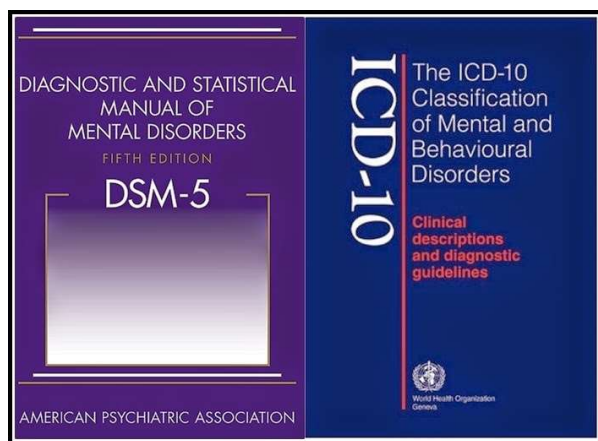
May-July 2024



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Session Plan

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Introduction to the
module

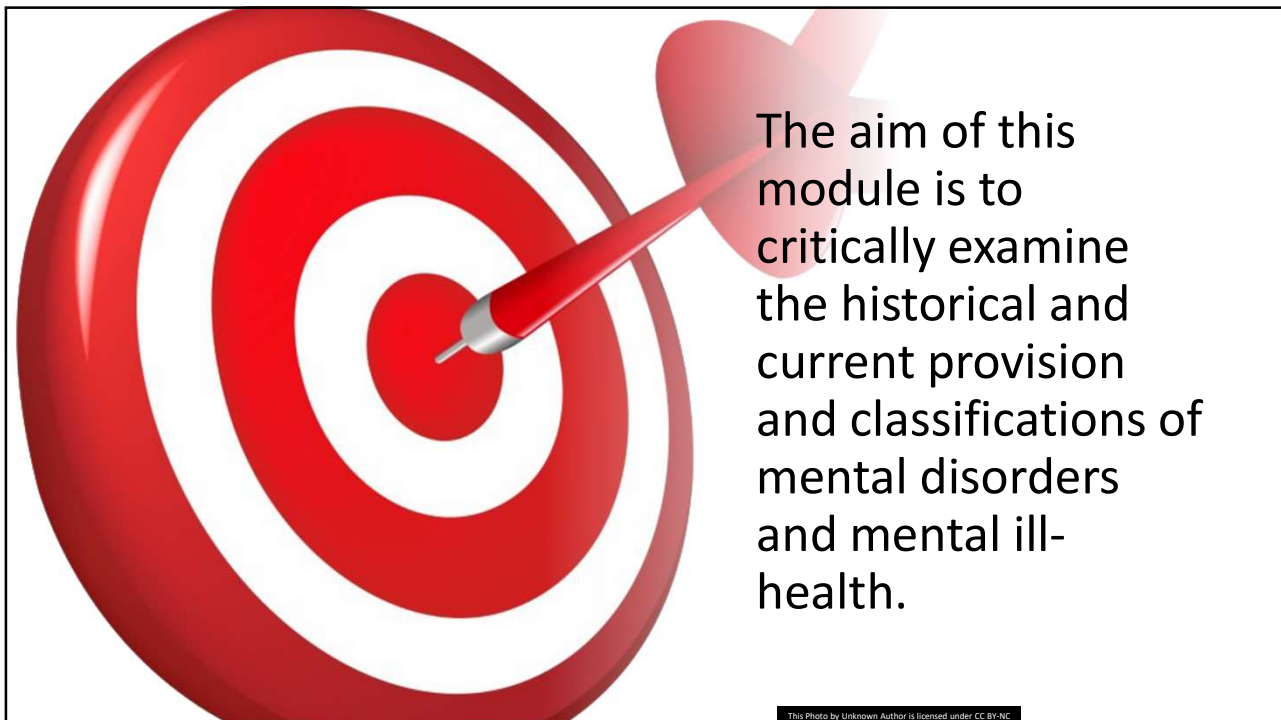


Introduction to key
concepts and
definitions of
'abnormality'



Classification of
mental disorders

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3

Upon the successful completion of this module, you should be able to demonstrate your ability to:

Evaluate the historical and contemporary support and provision for those living with mental ill health or mental disorders.

To critically examine the classification and diagnosis of mental disorders as specified in the ICD (2010) from the World Health Organisation

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 Learning programme	Week date	Session Topics
	1. 13/14 May	Introduction to mental disorders and psychopathology. Legislation and classification
	2. 20/21 May	Historical context of mental disorders and psychopathology OCD
	3. 27/28 May	Independent learning week No teaching this week due to Bank Holiday
	4. 3/4 June	Explanations of mental ill-health Schizophrenia
	5. 10/11 June	Addressing mental ill-health: Treatment or intervention? Autistic spectrum disorder
	6. 17/18 June	Challenges of mental ill-health Depression
	7. 24/25 June	Intersectionality of mental ill-health Anxiety
	8. 1/2 July	Ethics and Transitions Gender identity disorders
	9. 8/9 July	Debate week
	10. 15 July	Supporting mental health in practice Looking at it differently: whose mental health service?
	11. 22/23 July	Overview and Report support

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Assessment for this module

More details in Week 2



Debate (about 20 mins)

- 50% of module grade
- 8/9 July (document uploaded on Turnitin on 5 July)

Report (3,000 words)

- 50% of the grade
- 26 July on Turnitin by 2 pm



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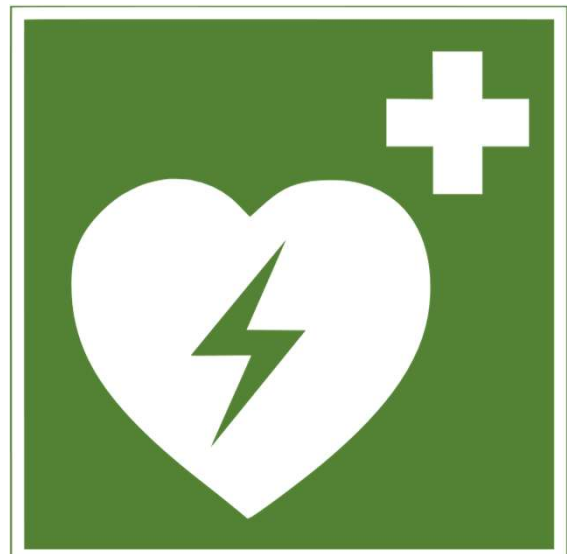
Make the Moodle page your best friend

- Use a device (preferable a laptop) to check your access to
 - this module on Moodle.
 - Teams channel for this module (you will be sent an invite to your university email).

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Supporting mental health in practice

- Short talk from the Learning Support Team



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How to be successful in your study

- Treat your study like dieting: have small and regular intake of food/information. Get into a hobby of reading short passages and taking notes and paraphrasing and making references.
- Attend the sessions and engage in activities and discussion
- Complete homework (post session activities)
- Be curious and ask questions
- Self care

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Defining terms: Key concepts

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Know your disorders from conditions



Mental Health and Mental illness

Mental disorders (who.int)

Mental Health/illness and Resilience – CAMHS (hampshirecamhs.nhs.uk)

Psychia.org - What is Mental illness?

Search topics Add discussion topic

Discussion

Know your disorders from conditions

Started by

Last post ↓

Josephine Chen-...

Josephine Chen-...

- Mental Disorders
- Psychopathology
- Mental illness
- Mental Health
- Click into Discussion (1) then click on Edit (2) to share your result

Know your disorders from conditions

Export whole discussion to portfolio

Display replies in nested form

Move this discussion to ...

Move

Set



Know your disorders from conditions

by Josephine Chen-Wilson - Saturday, 11 May 2024, 9:32 PM

Click on Reply (below right) to share your paraphrased key terms.

Start your post with the key term.

Permalink

Edit

Delete

Reply

Export to portfolio

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From the Scavenger Hunt activity, what are the common key concepts among the posts?

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Mental Health Vs Mental Illness (WHO, 2022)

"...a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community"

"...characterised by a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour. It is usually associated with distress or impairment in important areas of functioning"

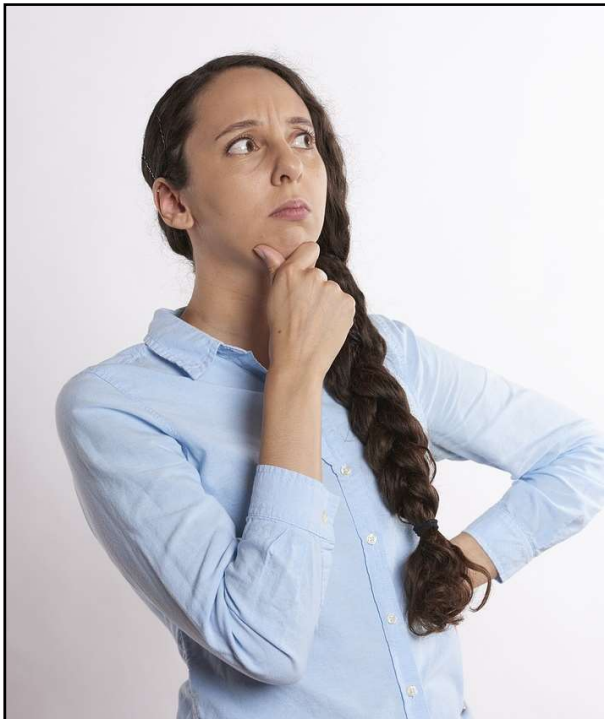
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Look closer at Mental illness



*"...characterised by **a clinically significant disturbance** in an individual's cognition, emotional regulation, or behaviour. It is usually associated with **distress or impairment** in important areas of **functioning** (WHO, 2022)"*

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Psychopathology is the scientific study of mental illness.

So, for a start, what does it mean by WHO:

“...a clinically significant disturbance in... cognition, emotional regulation, or behaviour (WHO, 2022)”

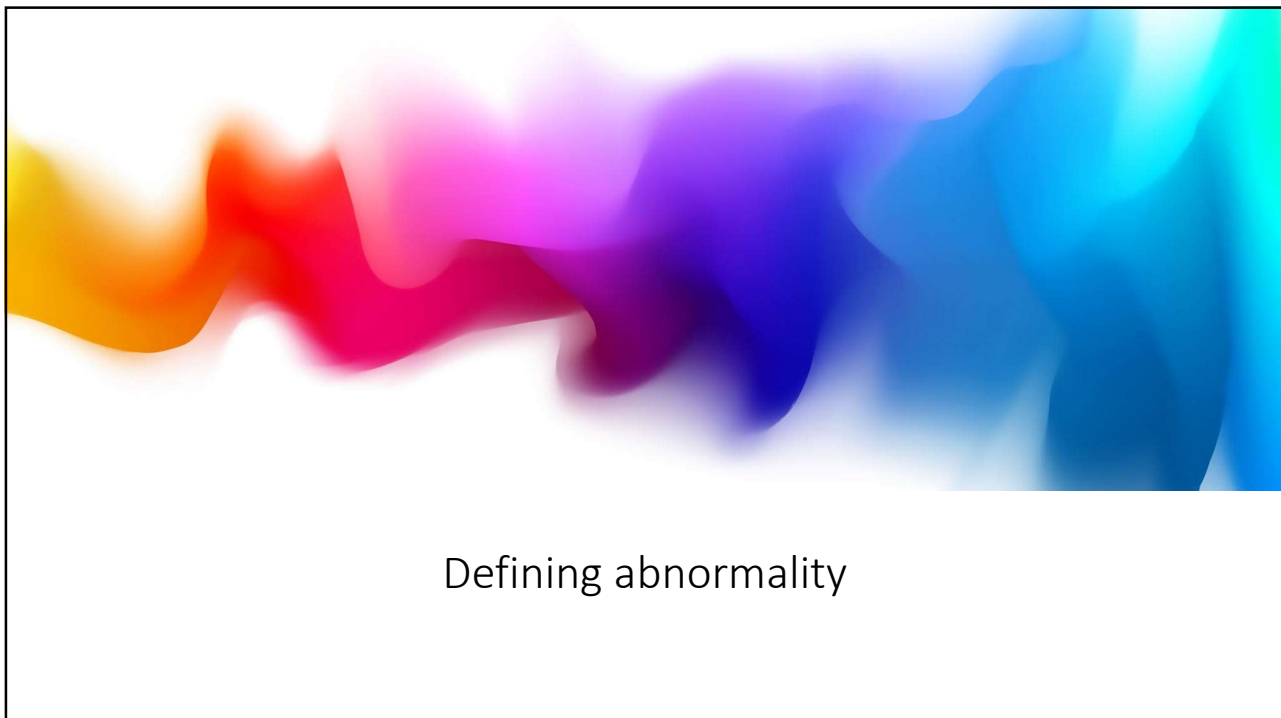
15

https://i.dailymail.co.uk/1s/2023/11/20/20/78027535-12771565-_She_looks_in_pain_Katie_Price_left_fans_concerned_over_her_appe-a-2_1700510805611.jpg

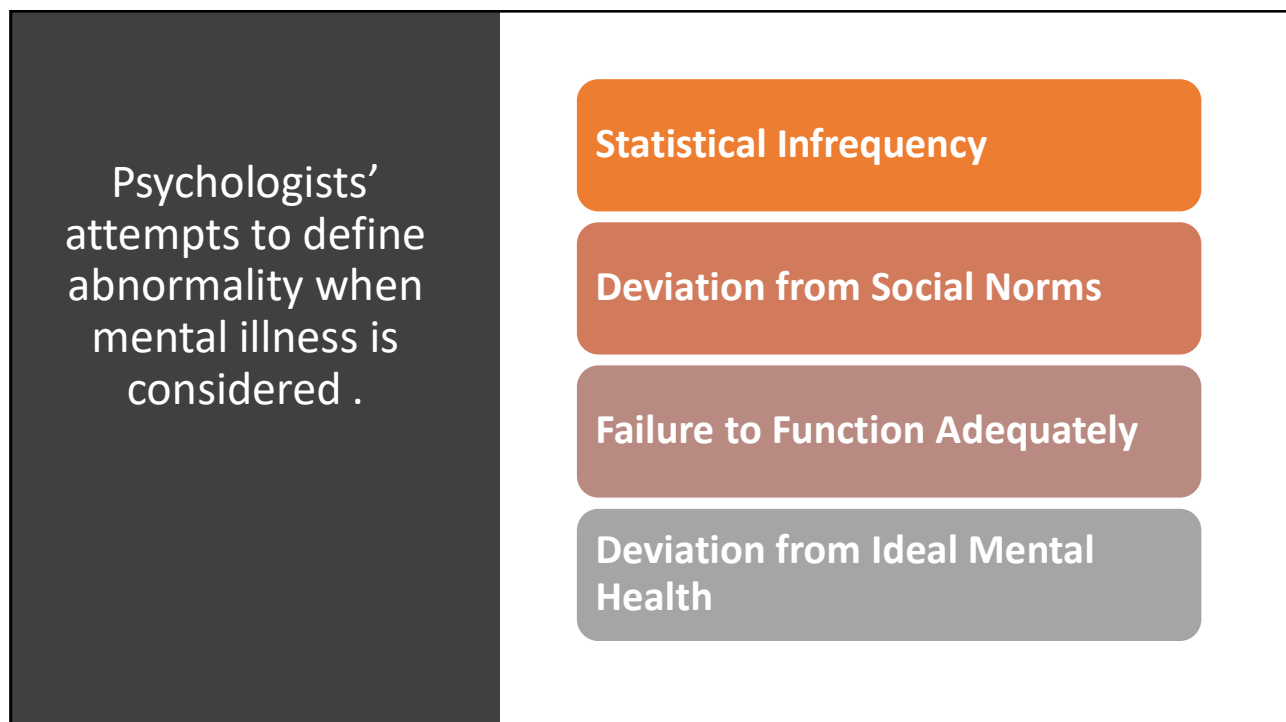


For each person think of reasons why their behaviour may be considered abnormal? May be considered normal?

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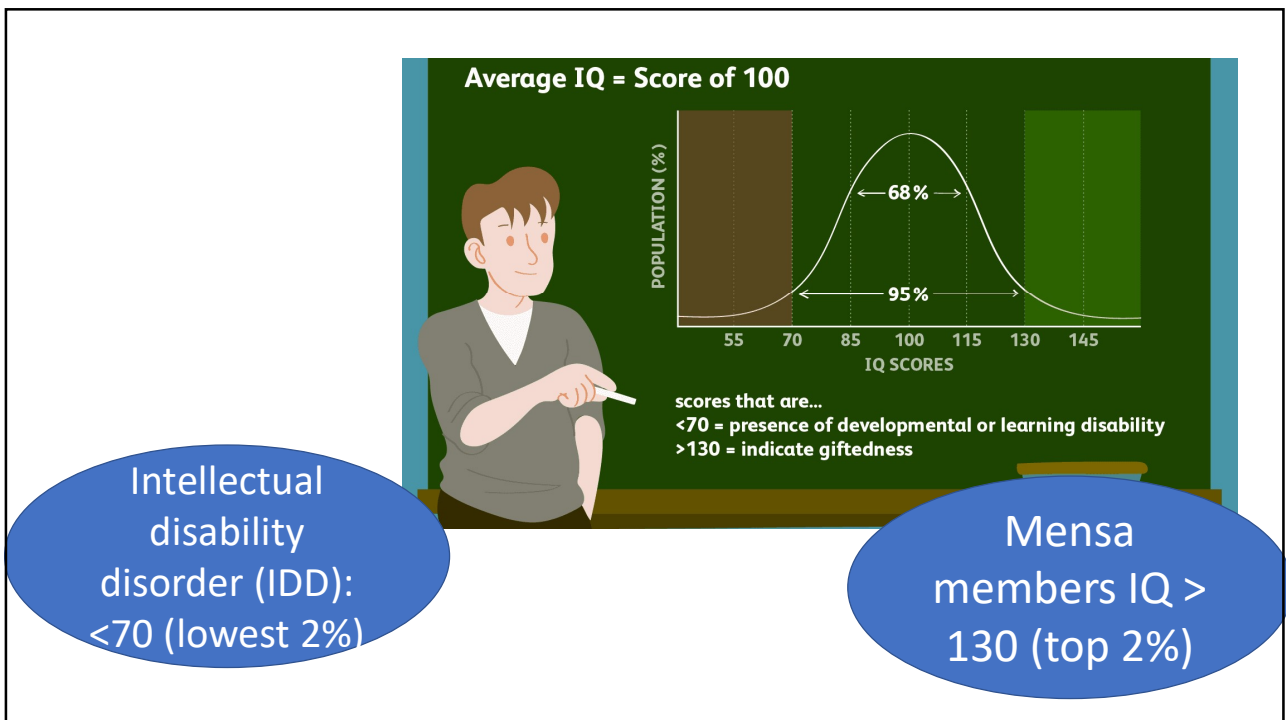
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Useful – it is used in clinical practice as part of formal diagnosis and so can identify people who would benefit from treatment or intervention.

- e.g. the Beck Depression Inventory (BDI): Only 5% of people will score 30+ and this would indicate that they have severe depression.

Not Sufficient -Statistical infrequency alone is not sufficient for defining abnormality.

- An infrequent characteristic can be positive e.g. high IQ.
- Social stigma might be attached to receiving a label (e.g. low IQ).

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Deviation from Social Norms

When a person behaves in a way that is different from how we expect people to behave.

Groups of people choose to define behaviour as abnormal on the basis that it offends their sense of what is 'acceptable' or the norm.

We are making a collective judgement as a society about what is right.

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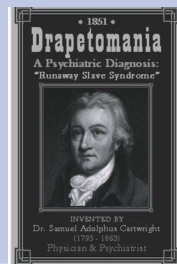
e.g. Antisocial
personality
disorder
(psychopaths)

- These individuals are impulsive, aggressive, reckless, irresponsible, violate the rights of others and deceitful.
- The DSM V lists the important symptom of 'absence of prosocial internal standards associated with failure to conform to lawful and culturally normative ethical behaviour.'

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Useful – used in clinical practice
e.g. to diagnose antisocial
personality disorder.



Not useful -Variability between
social norms in different cultures
(and even in different situations).

e.g. experience of hearing voices
in some cultures is not seen as
abnormal (rather that they are
communicating with the spirits
of their ancestors).

Potential for misuse and unfair
labelling could lead to human
rights abuses.

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SHOCKING footage shows the moment hundreds of school kids run riot
in Manchester city centre after breaking up for the summer.

Cops are reported to have been hit with eggs while tram services were
also diverted as a result of the end of term chaos.



Download to read through the 'Culture bound
Syndromes' Worksheet

Have you heard of some of these syndromes?

How useful is it to consider deviance of social
norms as part of the diagnostic tool?

Running Amok?

- How would these culturally specific
'syndromes' affect the way mental health
disorders are to be diagnosed in the UK for a
person who have multiple cultural heritages?

JOURNAL ARTICLE

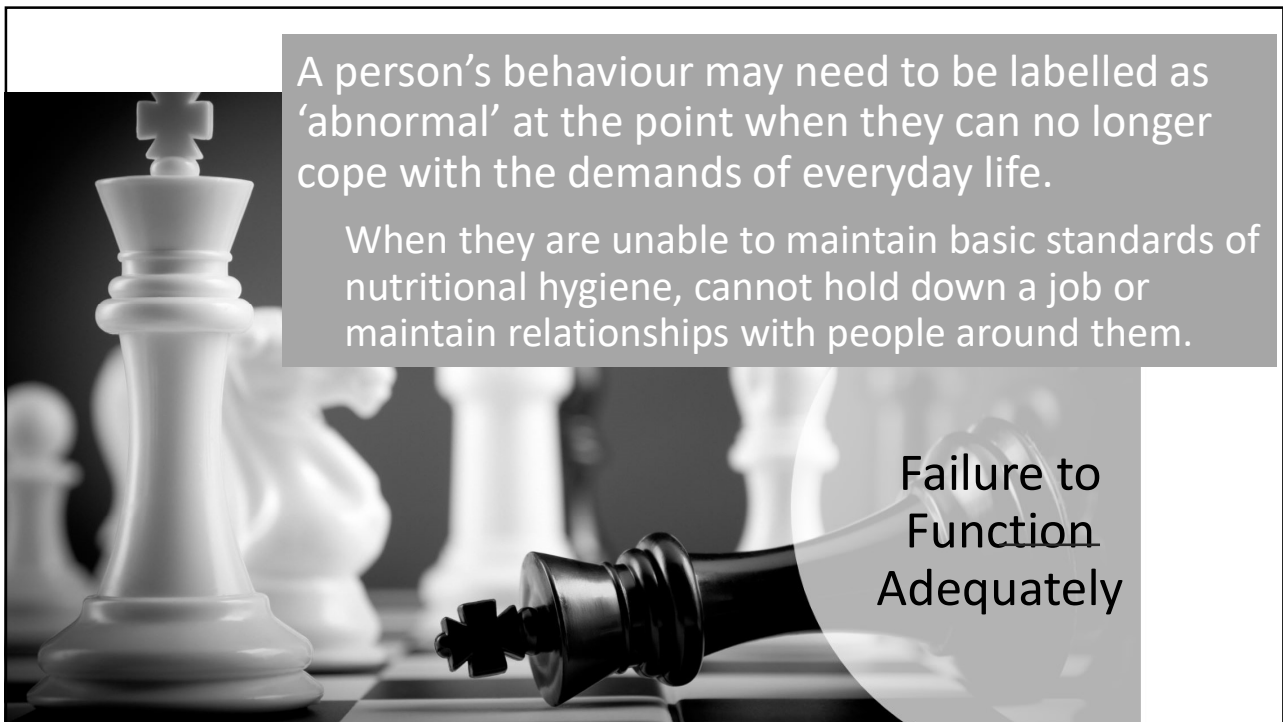
Mental Health of Asian American Older Adults: Contemporary Issues and Future Directions

Giyeon Kim, PhD ✉, Sylvia Y Wang, PhD, Soohyun Park, MA, Stacy W Yun, MA

Innovation in Aging, Volume 4, Issue 5, 2020, igaa037, <https://doi.org/10.1093/geroni/igaa037>

Published: 24 August 2020 Article history ▼

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A person's behaviour may need to be labelled as 'abnormal' at the point when they can no longer cope with the demands of everyday life.

When they are unable to maintain basic standards of nutritional hygiene, cannot hold down a job or maintain relationships with people around them.

Failure to Function Adequately

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Rosenhan and Seligman (1989)

Some additional signs that can be used to determine when someone is not coping, including:

When a person no longer conforms to standard interpersonal rules, for example respecting personal space.

When a person experiences severe personal distress.

When a person's behaviour becomes irrational or dangerous to themselves or others

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represents a threshold for when people need professional help so that treatment and services can be targeted to those who need them the most.

It is easy to label non-standard lifestyle choices as abnormal e.g. not having a job or a permanent address.

Failure to function can be normal in certain circumstances e.g. at times of bereavement so it may be unfair to give someone a label based on this *(although if failure to function continues then this might suggest that the person does need help).*

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This involves a consideration of what makes someone 'normal' in terms of what is 'psychologically healthy'.

If we can determine what is psychologically healthy then we can begin to identify who deviates from this ideal.

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Marie Jahoda's (1958) 6 conditions for good mental health:

We have positive view of self

Capability for growth and development

We have autonomy and independence

Accurate perception of reality

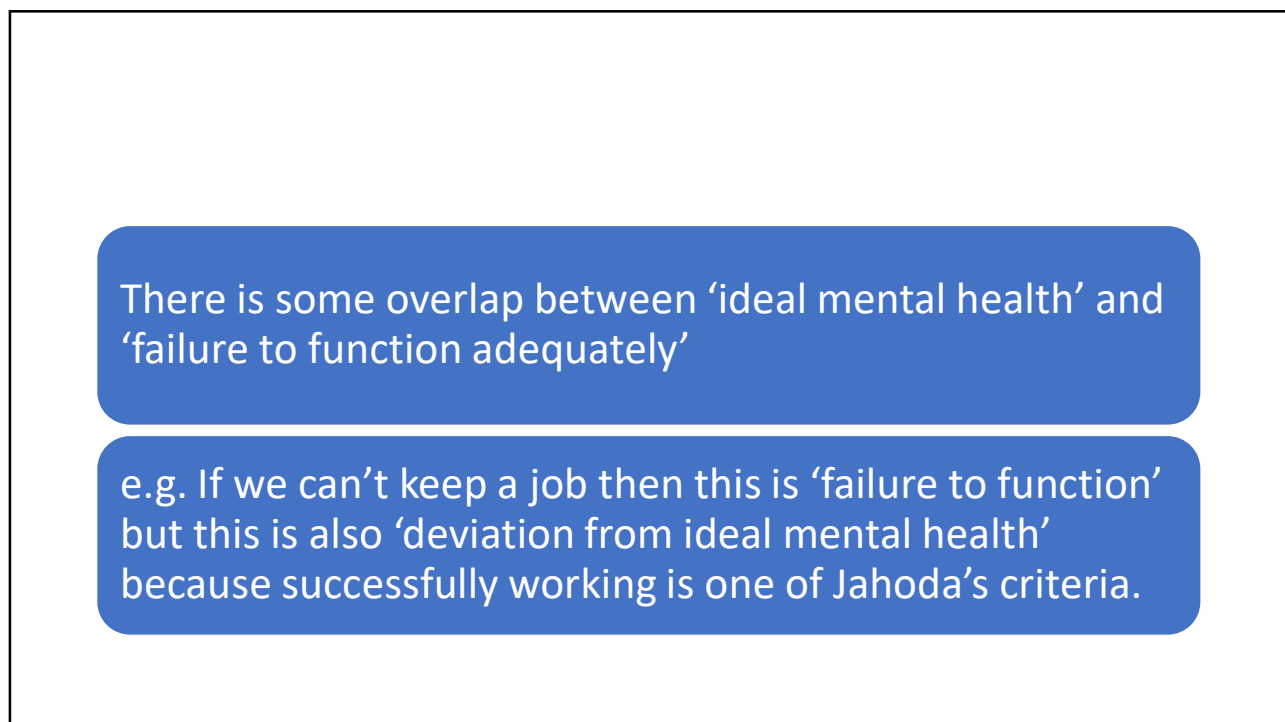
Positive friendships and relationships

Environmental mastery – able to meet the varying demands of day-to-day situations

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Ideal mental health criterion is highly comprehensive and so provides a detailed checklist for mental health professionals to use in their discussions with individuals.

The conditions are cultural bound.

self-actualisation would probably be dismissed as self-indulgent in much of the world.

variation even within Western Europe, so personal independence is valued more in Germany than in Italy.

Impossible ideals to achieve (Gross, 2015)

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Definitions of Mental Health Disorders are ethnocentric?

gender, race and SES differences

<https://content/uploads/2019/05/langdao-underground-house.jpg?strip=all&lossy=1&ssl=1>



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Infrequent

Deviant from norm

Not functioning

Deviant from ideal mental health

Applying the four principles



- Read the two case studies and decide whether the behaviour displayed in the case studies can be judged as 'abnormal' using the four criteria

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Jane was seen by a consultant on a domiciliary visit to the vicarage of St. Mary's church. Her father, the vicar, explained that Jane was a sixth form pupil at a local private school. She had always done well at school and had achieved high grades in her fifth form exams. She was hoping to go to University. Over the last few months though her behaviour had changed. She had started refusing to go to school, but had declined to give any reason why.

She spent her days writing in her room, and had not eaten for the last three days. She would not let her parents in to see her and had barricaded the door. There was no history of drug abuse. The consultant talked to her through the door, and finally persuaded her to trust him sufficiently to let him in to her room.

He found that Jane was a tall, thin girl with a pale face. The room smelt of urine, and the walls had been covered in a fine, spidery writing. When the consultant tried to read what it said, she shouted at him. Jane looked at him suspiciously and, at times seemed to be conferring with an unseen person as to how trustworthy the doctor was. The doctor could see scratch marks on her neck where Jane had cut herself with the blade of a pair of scissors. She said that this was 'to let the bad blood out'.

Jane appeared alert and knew the day and the time. When asked about her refusal to eat, Jane mumbled about her parents trying to poison her, because, she said, 'my mother offered me an Arrowroot Thin biscuit...that would make me thin...and she offered me some cabbage...that would turn me into a cabbage.'

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Swampy became a nationally known figure in 1996 after spending a week in a complex series of tunnels dug in the path of a new extension to the A30 in Devon, resisting attempts at eviction by police. Specialists were called in to safely remove Swampy and other protesters locked deep inside the network of artificial tunnels. Swampy was the last one to be evicted. The mainstream media became fascinated with Swampy, and his subsequent fame included an appearance on the BBC comedy current affairs quiz Have I Got News for You. He also protested the Newbury bypass, and in 1997, he entered tunnels intended to prevent the building of a second runway at Manchester Airport. He then dropped out of sight and refused to talk to the media. He's been living in Wales since 2013 with his family, working for the Forestry Commission and running marathons and half marathons.

Swampy took part in the climate change protests at Heathrow Airport (2007), in an Extinction Rebellion protest, attaching himself to a concrete block at the entrance to a fuel refinery(2019). He was fined and arrested at various protests: at Jones Hill Wood in 2020, having occupied a tree house as part of a Stop HS2 protest to prevent trees being felled. In 2021, he was involved in the construction and occupation of tunnels at Euston Square Gardens in London as part of the same protests. His 16 year-old son joined him in the tunnel protest.

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How do the four principles work for Jane and Swampy?

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The 4 D's of diagnosis (Davis, 2009)

An **initial** diagnostic tool.
Used to help inform judgements about the level at which a particular trait or problem requires intervention. by a clinician to help them decide if an individual is in need of clinical diagnosis (and therefore requires the possible treatment which follows on from this).

Deviance

Dysfunction

Distress

Danger

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Deviance

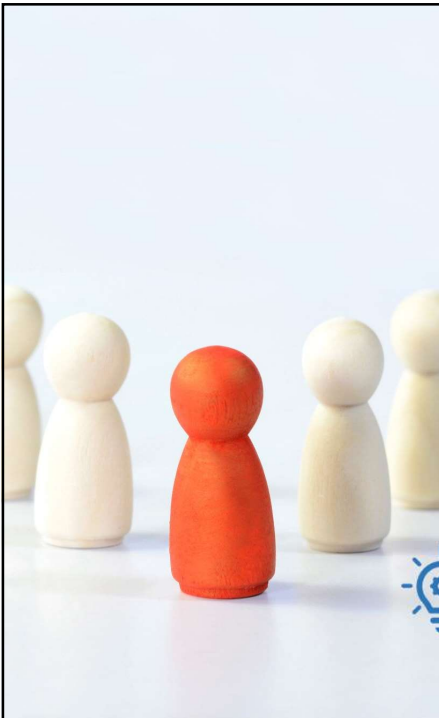
Whether the behaviour is considered abnormal in society.

Important to consider the degree of deviance: How far the behaviour deviates from social norms?

Davis talks about the importance of considering both statistical and society deviance (2009)

Deviance will change across time and place as social norms change.

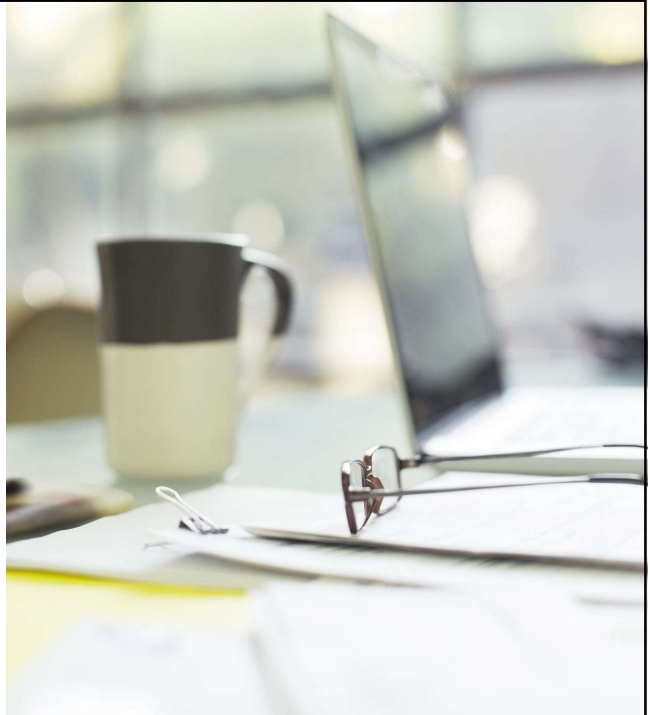
Many mental disorders share common patterns of deviance



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Dysfunction

Whether the problematic behaviour or symptom is large enough and interfering with a person's social and occupational life.



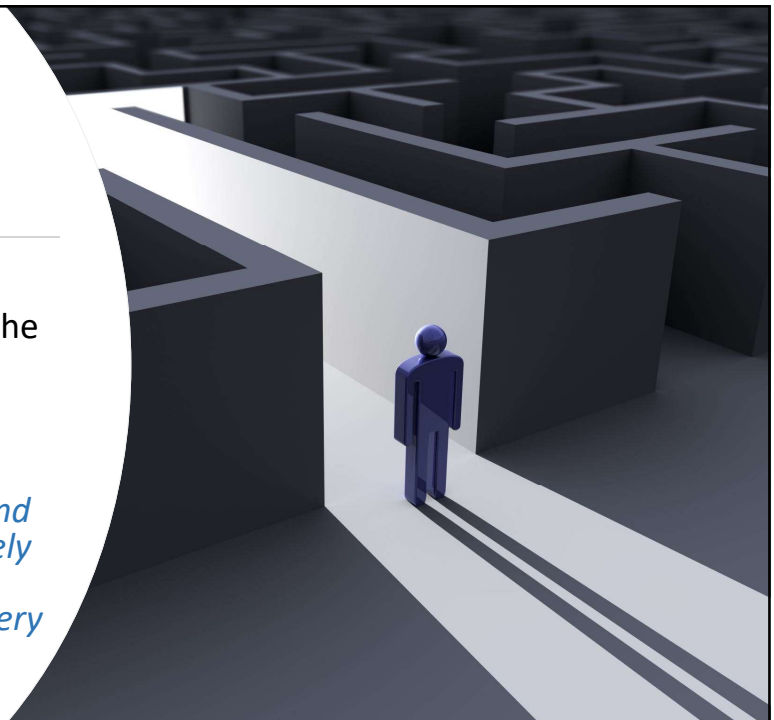
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Distress

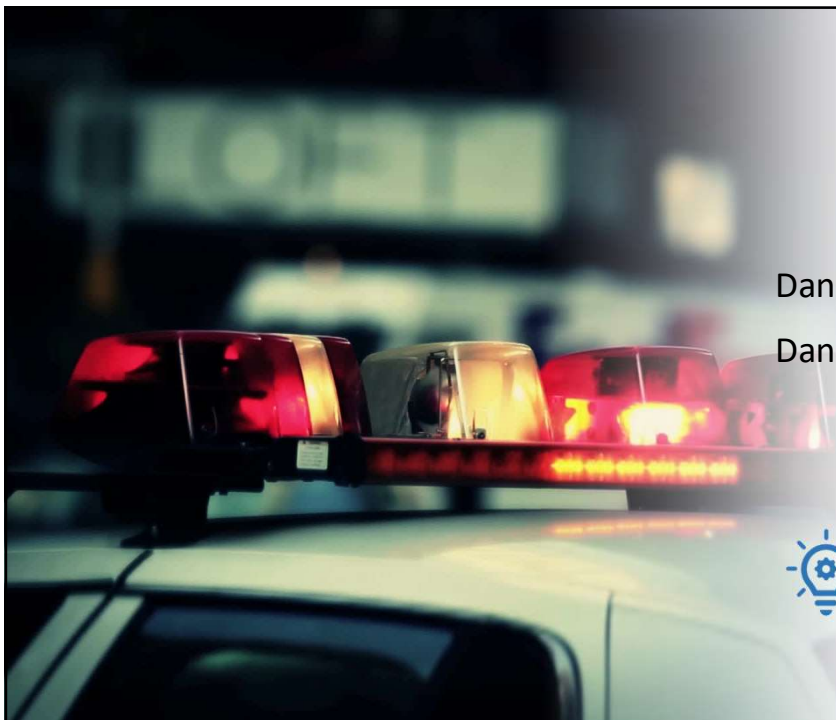
The extent to which the behaviour is causing upset to the individual.



A person can experience a great deal of dysfunction and very little distress. Conversely a person can experience a great deal of distress and very little dysfunction.



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Danger

Danger to themselves
Danger to others

Danger should be considered as multifaceted continuum including severity.

 *Consider Nicotine Dependency*

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The Fifth D: Duration

Davis (2009) proposes **duration** as a possible fifth 'D' which concerns the length of time the individual has the symptoms.

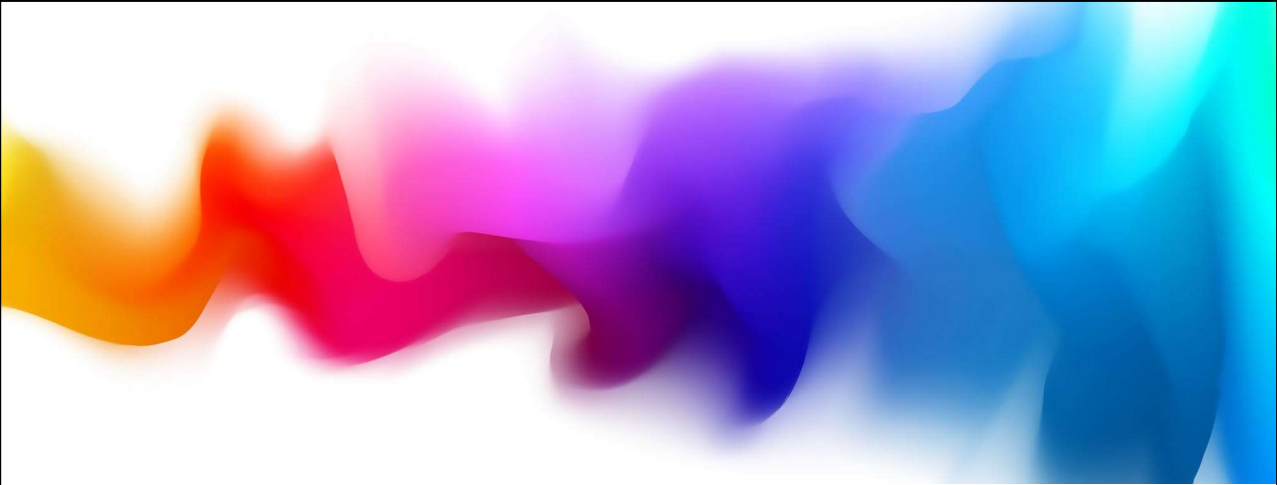
Is the thought, emotion or behaviour a fleeting symptom without consequence? Or is it persistent enough for diagnosis?

The 4 D's might only be a problem and require psychiatric attention if they persist, so maybe the 4 D's are insufficient in themselves as a tool and actually the five are needed.

There is also question over how sensitive the Ds are to differentiate between different mental Health disorders



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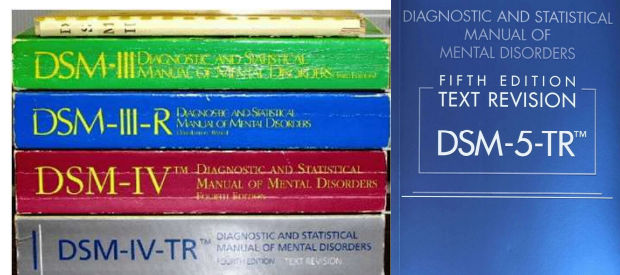


Mental Health Classification Systems

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Major Classification Systems

- International Classification of Diseases (ICD)
 - First published in 1948, was designed by the World Health Organization (WHO)
 - A universal agency
 - Multidisciplinary therefore broader scope
 - Multilingual
- Diagnostic and Statistical Manual of Mental Disorder (DSM)
 - First published in 1952 and was designed by the American Psychiatric Association (APA)
 - A single, national agency by psychiatrists

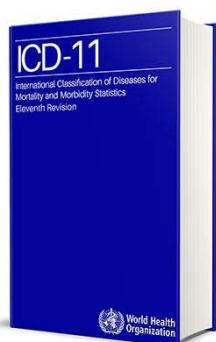


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ICD 10 vs. DSM V

- Early versions were more distinctive from each other
- With more recent updates, the two are more inline with each other
- ICD 10 can be free for developing countries whereas DSM V generates revenues for the APA
- According to Paniagua (2018) there are explicit guidance DSM V with regards to incorporate the issues of cultural bound syndromes in practice
- Both systems can be challenging to use for clinicians with more than 3-400 different conditions and overlapping syndromes (Martin, 2009)
- The onset of a developmental disorder is key in ICD-10 diagnosis compared to DSM V

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- The ICD was created by the WHO
 - The WHO was active in improving the classification system during the period of 1960.
- Chapter 5 is primarily used towards diagnosing individuals with a mental disorder in a reliable and valid manner.
- ICD-10 consists of 300 mental health disorders
- It focuses research on multicultural level, where more than 100 clinical studies have taken place across 40 different countries.

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The ICD is concerned with all disorders. Section V (F) focuses on MHDs. Chapter 5 will be your key reference throughout this module.

[F00-F09](#) Organic, including symptomatic, mental disorders

[F10-F19](#) Mental and behavioural disorders due to psychoactive substance use

[F20-F29](#) Schizophrenia, schizotypal and delusional disorders

[F30-F39](#) Mood [affective] disorders

[F40-F48](#) Neurotic, stress-related and somatoform disorders

[F50-F59](#) Behavioural syndromes associated with physiological disturbances and physical factors

[F60-F69](#) Disorders of adult personality and behaviour

[F70-F79](#) Mental retardation

[F80-F89](#) Disorders of psychological development

[F90-F98](#) Behavioural and emotional disorders with onset usually occurring in childhood and adolescence

[F99-F99](#) Unspecified mental disorder

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Section V (F) is concerned with MHDs.

Code	Example	Explanation
Section	F	Specific disorder
Family of disorders	3	M
Specific disorder	2	M
Further categorisation of that disorder	.0	M
Very specific categorisation	.01	Some symptoms

Diagnosis:

Mild depression
with some
somatic
(physical)
symptoms

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Applying ICD-10 and the 5Ds to Mark



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- Read Mark's case study and see if you can apply the 5D principle to help analyse the key concepts
- Find out which ICD Family you should look into first in Section F.
- Read the more detailed explanation of that family
- Map Mark's case study to the ICD code in terms of section, family, specific disorder

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F10-F19 Mental and behavioural disorders due to psychoactive substance use

- F10.- Mental and behavioural disorders due to use of alcohol
- F11.- Mental and behavioural disorders due to use of opioids
- F12.- Mental and behavioural disorders due to use of cannabinoids
- F13.- Mental and behavioural disorders due to use of sedatives or hypnotics
- F14.- Mental and behavioural disorders due to use of cocaine
- F15.- Mental and behavioural disorders due to use of other stimulants, including caffeine
- F16.- Mental and behavioural disorders due to use of hallucinogens
- F17.- Mental and behavioural disorders due to use of tobacco
- F18.- Mental and behavioural disorders due to use of volatile solvents
- F19.- Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances

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Mark is a 56-year-old machine operator who was referred for treatment by his supervisor. The supervisor noted that Mark's work had deteriorated in the past 4 months. Mark was frequently absent from work, had difficulty getting along with others, and often had a strong odour of liquor on his breath after his lunch break. The supervisor knew Mark was a heavy drinker and suspected that Mark's performance was affected by heavy alcohol consumption. In truth, Mark could not stay away from drinking. He consumed alcohol every day; during weekends, he averaged about 16 ounces of Scotch per day. Although he had been a heavy drinker for 30 years, his consumption had increased after his wife had divorced him 6 months ago. She claimed she could no longer tolerate his drinking, extreme jealousy and unwarranted suspicions concerning her marital fidelity. Co-workers avoided Mark because he was a cold, unemotional person who distrusted others. During interviews with a therapist, Mark revealed very little about himself. He blamed others for his drinking problems: if his wife had been faithful or if others were not out to get him, he would drink less. Mark appeared to overreact to any perceived criticisms of himself. A medical examination revealed that Mark was developing cirrhosis of the liver as a result of his chronic and heavy drinking.

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Mark's heavy use of alcohol, which interfered with his functioning, resulted in an alcohol abuse diagnosis

Mark also exhibited a personality disorder, which was diagnosed as paranoid personality because of his suspiciousness, hypervigilance, and other behaviours.

Cirrhosis of the liver was noted

The clinician noted Mark's divorce and difficulties in his job

Mark was given 54 on the Global Assessment of Functioning scale (GAF), to rate his current level of functioning, mainly because he was experiencing difficulty at work and in his social relationships.

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Look up another MHD on ICD-10



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What do you think?



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- Why do we have to worry about developing and using diagnostic systems like ICD and DSM?
- Is transgender mental disorder?
- How useful is ICD 10?

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Mental Health Services by NHS

- Services are free.
- To receive mental health support through the NHS, a referral may sometimes be required through the GP.
- Common problems
 - Alcohol/other substances
 - **NHS Talking Therapies, for anxiety and depression** (formally known as IAPT)
 - Talk Therapies
 - Children and young mental health services (CAMHS)



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Community Mental Health Services

- Community Support for Adults and older adults
- Individual Placement and Support – Severe Mental Health conditions
- Community Inpatient, and intensive day care
- Early Intervention in Psychosis
- Suicide prevention
- ~~• Suicide Bereavement support~~



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homework

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1. Download the post session activity and read about a recent government report on NHS provisions for children with autism and ADHD.
2. Independent research: What is ICD-11? Find out when it will be used in the UK

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Overview

- Supporting mental health issues in action
- the key terms in today's section
- ways in which abnormality of mental health disorders are considered
- Culture bound syndromes
- the two main diagnosis systems ICD-10 and DSM V (briefly)

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Reading

Davis, T. 2009 Conceptualizing Psychiatric Disorders Using “Four D’s” of Diagnoses. *The Internet Journal of Psychiatry*, 1 (1), pp. 1-5.

Gaebel, W., Stricker, J. and Kerst, A., 2020. Changes from ICD-10 to ICD-11 and future directions in psychiatric classification. *Dialogues in clinical neuroscience*, 22(1), p.7.

Paniagua, F.A., 2018. ICD-10 versus DSM-5 on cultural issues. *Sage open*, 8(1), pp. 1-14

Stein, D.J., Szatmari, P., Gaebel, W., Berk, M., Vieta, E., Maj, M., De Vries, Y.A., Roest, A.M., De Jonge, P., Maercker, A. and Brewin, C.R., 2020. Mental, behavioral and neurodevelopmental disorders in the ICD-11: an international perspective on key changes and controversies. *BMC medicine*, 18(1), pp.1-24.