Brief Overview of Common Mental Health and Substance Use Disorders

Major Depressive Episode

A person who suffers from a major depressive episode must either have a depressed mood or a loss of interest or pleasure in daily activities consistently for at least a 2 week period. This mood must represent a change from the person’s normal mood; social, occupational, educational or other important functioning must also be negatively impaired by the change in mood. A major depressive episode is also characterized by the presence of a majority of these symptoms:

- Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). (In children and adolescents, this may be characterized as an irritable mood.)
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
- Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.
- Insomnia or hypersomnia nearly every day.
- Psychomotor agitation or retardation nearly every day.
- Fatigue or loss of energy nearly every day.
- Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
- Diminished ability to think or concentrate, or indecisiveness, nearly every day.
- Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

Bipolar Disorder

Bipolar Disorder is a mood disorder characterized by one or more manic episodes, possibly alternating with major depressive episodes.

Single Manic Episode
1. No history of Major Depression and only one Manic Episode.

2. The Manic episode is not from another disorder.

**Generalized Anxiety Disorder**

For at least six months the person had more days full of anxiety and apprehension then not.

There is difficult dealing with the anxiety and apprehension.

Have three or more of the following associated with the anxiety and apprehension:

1. Restlessness or feeling on edge.
2. Get tired easily.
3. Concentration problems and mind going blank.
4. Irritability.
5. Muscle tension.
6. Problems falling or staying asleep.

Anxiety and apprehension not associated with another disorder. (E.g., drug abuse, general medical condition, medication, Obsessive-Compulsive Disorder, Posttraumatic Stress Disorder, Separation Anxiety Disorder, Social Phobia, Specific Phobia)

Must be impairment in important areas of functioning. (E.g., work, social life,)

**Post Traumatic Stress Disorder**

ALL THE FOLLOWING MUST BE AFTER TRAUMA.
NOT DUE TO A SUBSTANCE, GENERAL MEDICAL CONDITION, OR OTHER DISORDER.

Must have been exposed to a traumatic event or experience involving intense fear, horror, or helplessness. The event or experience must involve a threat of death, serious injury, or physical integrity. The event or experience may be to yourself or to others around you.

A. The event or experience must be re-experienced in at least one of the following:

1. Distressing recollections of the event or experience that is both intrusive and reoccurring.
2. Dreams that are reoccurring and distressful.
3. Reliving the event or experience in the form of flashbacks, hallucinations, or illusions.
4. If exposed to any aspect of the event or experience an intense
psychological distress followed.
5. Reacting in a physiological manner to any aspect of the event or experience

NOTE: 4 and 5 may be from internal or external cues.

B. Avoiding any thing associated with the trauma and a numbing of responsiveness. Indicated be at least three of the following:

1. Avoiding any thoughts or feelings about the trauma, including not wishing to engage in any conversation about the event or experience.
2. Avoidance of places, persons, or things that set off feelings about the trauma.
3. Can not recall import face about the event or experience.
4. A marked disinterest in significant activities.
5. Feelings of being detached or alienation from others.
6. Changes in range of affect. (E.g., loss of loving feelings)
7. Feelings of no real future.

C. Persistent indicators of increased arousal, at least two of the following:

1. Problems with falling or staying asleep.
2. Irritability or outbursts of anger, sometimes unexpected and for no apparent reason.
3. Having problems concentrating.
4. Hyper vigilant
5. Response to being startled is overstated.

A, B, and C must be for more then one month.
Must be impairment in important areas of functioning. (E.g., work, social life, ... )

ACUTE: Symptoms less then three months long.
CHRONIC: Symptoms longer then three months.
WITH DELAYED ONSET: Onset of symptoms start six months after event or experience.

**Panic Attacks**

Discrete period of intense fear and physical / mental discomfort with four or more of the following:

1. Chills or hot flushes.
2. Derealization or depersonalization.
3. Discomfort or pain in your chest.
4. Feelings of choking.
5. Feelings of going crazy or losing control are common.
6. Feelings of light-headedness, dizzy, faint, or unsteady.
7. Nausea or abdominal discomfort.
8. Palpitation, heart pounding or rate increase.
9. The fear of dying is common.
10. Trembling / shaking.
11. Sensation of not being able to breath or shortness of breath.
12. Sensations of tingling or numbness (paresthesias)
13. Sweating.

**Schizophrenia**

During one month or more, a significant portion of time is taken up by bizarre delusions that are hallucinations consisting of two or more voices conversing with each other or of a voice that affects a person's behaviours or thoughts or at least two of the following:

- **Delusions**
  
  Delusions are false beliefs that are deeply entrenched and clearly not based in reality and are not consistent with cultural believes or the persons' level of intelligence and life experiences. Person's cling to these believes even after these beliefs are shown to be false.

- **Hallucinations**

  Hallucinations are not illusions see note below. Hallucination can be auditory, olfactory, visual, or tactile. Hallucinations are false perceptions or unreal apparition. They do not correspond to the stimuli that are present and have no basis in reality. You have to remember that what is a hallucination in one culture, is not in another.

- **Grossly disorganized behaviour**

  Unusual behaviour in which the individual acts any number of ways from silly and childlike to angry and aggressive. A "positive" symptom of schizophrenia.

- **Catatonic behaviour**

  Catatonic Features:

  1. At least two of the following:

     A. Cataplexy
     B. Increased motor movement with no stimuli.
     C. Mutism or extreme negativism.
     D. Posturing, grimacing, or stereotyped
• Negative symptoms

Symptoms of schizophrenia involving a reduction or absence of normal thoughts, emotions, and behaviour. Includes fatten affect, alogia, or avolition.

2. For a significant portion of time, due to the disturbance, marked impairment is noticed in academics, interpersonal relationships, self-care, work or any other major area of functioning.

3. Symptoms are continuous and persist for at least six months.

4. The disturbance is not due to a Pervasive Developmental Disorder, substance abuse, general medical condition or another mental disorder.

Substance Dependence Disorders

A maladaptive pattern of substance use, leading to clinically significant impairment or distress as manifested by 3 or more of the following at any time in the same 12-month period.

• Tolerance
• Withdrawal
• Substance is taken in larger amounts or over a longer period than intended
• Persistent desire or unsuccessful efforts to cut down or control substance use
• Great deal of time spent in activities necessary to obtain the substance, using the substance or recovering from the substance.
• Importance social, occupational or recreational activities are given up or reduced because of the substance
• Substance continued despite knowledge that substance can cause recurrent physical or psychological problems

Substance Abuse Disorders
A maladaptive pattern of substance use, leading to clinically significant impairment or distress as manifested by 1 or more of the following at any time in the same 12-month period.

- Substance use results in failure to fulfill major role obligations at work, school or home
- Use substances in situations which it is physically hazardous (i.e.: driving a car intoxicated)
- Recurrent substance related legal problems
- Substance continued despite knowledge that substance can cause recurrent physical or psychological problems

The symptoms above never met the criteria for substance dependence for this class of substance

**References / Readings**


