

Mental Illness: An Overview  
Implications for Problem Solving in  
the Context of Infection Control

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Introduction to Speaker

- Presently the only Clinical Sexologist in NL
- Has worked in the field of Mental Health since 1980
- Has worked with adults and children in the areas of acute psychiatry, developmental disabilities, forensics, geriatrics and psychiatric rehabilitation
- Has been a Clinical Sexologist since May 1996

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Sexology...

**...is the study of what  
people do sexually and  
how they feel about it**

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## Clinical Sexology

The study of sexual functioning and the development and use of methods for assessing and treating sexual pathologies.

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## Clinical Sexology

- Receives referrals from medicine, psychology, nursing, justice, EAP
- Assesses sexual concerns and develops individualized treatment plan with client.
- Treatment is individual, as a couple or a group
- Treatment focus is home-based with written materials
- **Education** is a big part of treatment

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## What is Mental Illness?

Any of a variety of conditions characterized by impairment of an individual's typical **cognitive, emotional or behavioral functioning** and caused by social, psychological, biochemical, genetic or other factors such as infection or head trauma (Answers.com)

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### Categorizing Mental Illness

- 1840: U.S. census included category "Idiocy/insanity"
- 1870: Census had 7 Categories of Mental Illness: Mania, melancholia, monomania, paresis, dementia, dipsomania and epilepsy
- 1893: Earliest form of what will become The International Classification of Disease (ICD) which included some forms of mental illness
- 1920's: Stats collected in U.S. psychiatric facilities to develop classification of mental illnesses
- 1952: First edition of The Diagnostic and Statistical manual of Mental Disorders published (DSM-I) for clinical use
- 1980: DSM-III published and included explicit diagnostic criterion, a multiaxial system and descriptive approach neutral to etiology
- Present: DSM-IV-TR (text revision) 2000; ICD-10 1992; ICD-11 pending

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### MENTAL ILLNESS

Does not always mean you are  
"not in touch with reality"

Mental Illnesses range from  
Stuttering to an Acute  
Psychotic Episode

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### Mental Illness: Categories

- Disorders Usually Diagnosed in Childhood (Developmental Disability; Attention Deficit; Learning Disabilities; Stuttering)
- Delirium, Dementia, Amnestic and Other Cognitive Disorders ( Intoxication Delirium; Alzheimer's, Vascular Dementia; Substance related Dementia...)
- Schizophrenia and Other Psychotic Disorders (Schizophrenia & subtypes; Delusional Disorder; Brief Psychotic Disorder...)
- Substance-Related Disorders (Alcohol; Amphetamine; Cannabis; Hallucinogen...)
- Mood Disorders (Depressive Disorders; Bipolar Disorders)
- Anxiety Disorders (Panic D/O with Agoraphobia or Without Agoraphobia; Obsessive Compulsive D/O; Post Traumatic Stress D/O...)

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## Mental Illness: Categories (cont)

- Somatoform Disorders (Somatization D/O; conversion D/O; Pain D/O; Hypochondriasis...)

Factitious Disorders (characterized by presenting feigned symptoms to assume a sick role)

Dissociative Disorders (Dissociative Amnesia; Dissociative Identity D/O...)

Sexual and Gender Identity Disorders (Sexual Dysfunctions: D/Os of Desire, Arousal, Orgasm and Sexual Pain; Paraphilias: Exhibitionism, Pedophilia, Fetishism...; Gender Identity Disorders)

Eating Disorders (Anorexia Nervosa; Bulimia)

Sleep Disorders (Dyssomnias: Disorders of initiating or maintaining sleep or of excessive sleepiness; Parasomnias: Disorders characterized by abnormal behavioral or physiological events occurring with sleep such as Nightmare D/O and Sleepwalking)

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## Mental Illness: Categories (cont)

- Impulse Control Disorders Not Elsewhere Classified (Kleptomania; Pyromania; Trichotillomania...)

- Adjustment Disorder (Adjustment D/O With Depressed Mood.. With Anxiety...)

- Personality Disorders (Paranoid Personality D/O; Schizoid Personality D/O; Borderline; Histrionic; Obsessive-Compulsive,..)

- Other Conditions That May Be a Focus of Clinical Attention (These include psychological, medical, substance, environmental or mental disorders affecting medical condition)

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## Mental Illness and Problem Solving

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**Factors That Impact Problem Solving**

- Lack of Information
- Perceptual Difficulties
- Poor Impulsivity
- Memory Difficulties
- Communication Difficulties
- Distorted Beliefs
- Inability to Apply Information
- Other

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**Let's Focus On...**

- Delirium, Dementia, Amnesic and Other Cognitive Disorders
- Schizophrenia and Other Psychotic Disorders
- Mood Disorders
- Personality Disorders
- Mental Retardation/Developmental Disabilities

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**Dementia, Delirium, Amnesic and Other Cognitive Disorder**

Predominant disturbance is Cognitive Deficits that is a significant change from previous level of functioning  
Usually from a general medical condition (Alzheimer's, Pick's disease), head trauma or a substance (drug abuse; exposure to toxins)

**Dementia** is characterized by numerous cognitive deficits including memory impairment

**Delirium** is characterized by a disturbance of consciousness for a short time (hours to days)

**Amnesic Disorders** are characterized by memory impairment in the absence of other cognitive impairments

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## Schizophrenia and Other Psychotic Disorders

Psychotic features are prominent and can include Delusions (erroneous beliefs) and Hallucinations (perceptual distortions)

Dx of Schizophrenia requires A) 2 or more of the following be present during a one month period: delusions; hallucinations; disorganized speech; disorganized or catatonic behavior; or negative symptoms (reduced range/intensity in emotions (flattened affect) reduced fluency in speech and thought (alogia); and reduced goal oriented behavior (avolition)); AND B) Lowered social/occupational functioning; C) Continuous signs of disturbance for at least 6 months; D) Schizoaffective and Mood Disorder are ruled out; E) Not due to a substance or medical conditions; and F) Clarify if a history of a Pervasive Developmental Disorder

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## Mood Disorders

**Major Depressive Episode:** Depressed mood *most of day, nearly every day*; decreased interest in pleasure or in almost all activities; significant loss or gain in weight; insomnia or hypersomnia; psychomotor agitation or retardation; fatigue or loss of energy; feelings of worthlessness or excessive/inappropriate guilt; decreased ability to think or concentrate or is indecisive; and recurring thoughts of death, suicide ideation or plans for suicide

**Manic Episode:** Distinct period of abnormally and persistently elevated, expansive or irritable mood lasting at least 1 week. Can include flight of ideas, being more talkative, distractibility having excessive involvement in pleasurable activities such as buying sprees, sexual indiscretions)

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## Personality Disorders

**Definition:** A pattern of inner experience and behavior that deviates markedly from the expectations of the individuals culture. It is pervasive and inflexible, has an onset in adolescence or early adulthood, is consistent over time and leads to distress or impairment.

### Examples:

**Paranoid Personality D/O:** Pattern of distrust and suspiciousness such that other's motives are interpreted as malevolent

**Schizoid Personality D/O:** Pattern of social detachment and restricted emotional expression

**Borderline Personality D/O:** Pattern of instability in interpersonal relationships, self image, affect and marked impulsivity

**Obsessive Compulsive D/O:** Pattern of preoccupation with orderliness, perfectionism and control

**Antisocial Personality D/O:** Pattern of disregard for and violation of the rights of others

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Mental Retardation or Developmental Disability

A) significantly sub-average general intellectual functioning (IQ below 70) that is accompanied by B) significant limitations in adaptive functioning in at least 2 of the following areas: Communication; Self-care; Home Living; Social/Interpersonal Skills; Use of Community Resources; Self-Direction; Functional Academic Skills; Work; Leisure; Health; and Safety; And C) the onset must occur before the age of 18 years

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Levels of Mental Retardation or Developmental Disability

Mild Range: over 85% of those with a Developmental Disability. Individuals can develop social, community, communication and academic skills (grade 6 or higher). Some support selves, some need guidance and support.

Moderate Range: 10% of those with D.D. Can have adequate communication skills, can be trained in vocational setting with academics around grade 2. May work in sheltered work shops and typically need supervision and support with daily living to some degree.

Severe Range: 3% - 4% of those with D.D. Have little or no speech. Academically are around pre-school level of activities, may have survival reading, always supervised.

Profound Range: 1% to 2% of those with D.D. Typically have sensory motor difficulties because of pervasive neurological involvement. Motor skills and self care can improve with training and structured environment

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- Distorted Beliefs
- Inability to Apply Information
- Other?

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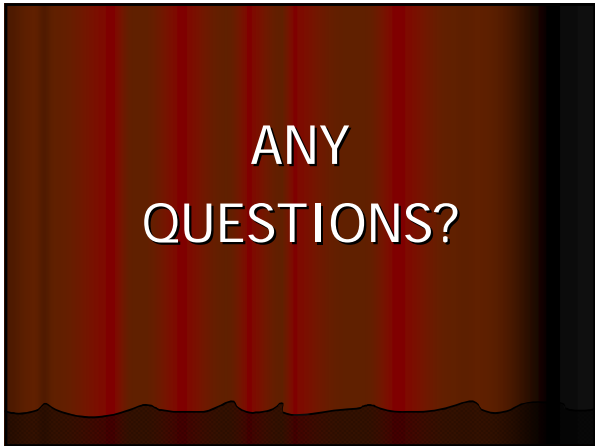
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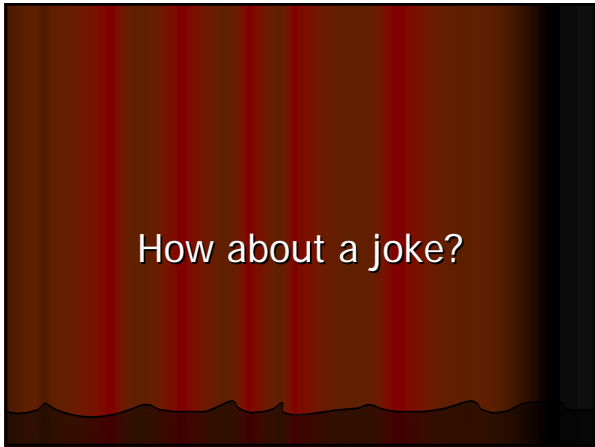
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