Mental Health, Mental Disorder, and Psychiatric Mental Health Clients: Who Are They?

Figure 1-1 Nonconforming behavior or appearance that flouts social norms is an example of social deviance—not evidence of psychopathology or abnormal behavior. Photo courtesy of Michael Bernacci/PhotoEdit.

Box 1-1 Characteristics of Mentally Healthy Individuals

<table>
<thead>
<tr>
<th>Box 1-1: Characteristics of Mentally Healthy Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the characteristics of mentally healthy individuals?</td>
</tr>
<tr>
<td>People who are mentally healthy:</td>
</tr>
<tr>
<td>- Function independently and autonomously. Mentally healthy individuals respect and value their own opinions of others and assume responsibility for solving their own problems. They can plan ahead and formulate realistic goals.</td>
</tr>
<tr>
<td>- Hold a positive attitude toward themselves. However, their positive self-assessment is combined with a realistic estimation of their abilities and their limitations.</td>
</tr>
<tr>
<td>- Take life’s disappointments in stride. Mentally healthy people have a variety of coping mechanisms that help them deal with the ups and downs of everyday life.</td>
</tr>
<tr>
<td>- Remain healthy even under high levels of stress or in the face of loss or trauma. This characteristic is called hardiness.</td>
</tr>
</tbody>
</table>
Box 1-1 (continued) Characteristics of Mentally Healthy Individuals

- Able to accessibly to even very difficult experiences.
- Integrate their conditions, behaviors, and values into a coherent whole.
- Experience a wide range of emotions. The emotions they experience run the gamut—sadness, happiness, anger, joy, anxiety, disgust, fear, surprise, elation, and happiness, among others.
- Master their environment. Mastering the environment includes being able to capably deal with what goes on around them, thus achieving a sense of connectedness, harmony, and balance among themselves, their families, their friends, and the community.
- Perceive reality clearly. The normally healthy person can distinguish between fact and fantasy and live in the real world.


Figure 1-3 NAMI’s report: Grading the states on mental health services. www.nami.org/gtsTemplate09.cfm?Section=Grading_the_States_2009
Table 1-1: Prevalence Rates for Various Mental Disorders

<table>
<thead>
<tr>
<th>Mental Disorders</th>
<th>Women 1-year</th>
<th>Women Lifetime</th>
<th>Men 1-year</th>
<th>Men Lifetime</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phobic disorder</td>
<td>12.9</td>
<td>17.8</td>
<td>6.3</td>
<td>10.4</td>
</tr>
<tr>
<td>Alcohol abuse/dependence</td>
<td>2.2</td>
<td>4.6</td>
<td>11.9</td>
<td>23.8</td>
</tr>
<tr>
<td>Major depression</td>
<td>4.0</td>
<td>7.0</td>
<td>1.4</td>
<td>2.6</td>
</tr>
<tr>
<td>Antisocial personality</td>
<td>0.4</td>
<td>0.8</td>
<td>2.1</td>
<td>4.5</td>
</tr>
<tr>
<td>Obsessive-compulsive disorder</td>
<td>1.9</td>
<td>3.2</td>
<td>1.4</td>
<td>2.0</td>
</tr>
<tr>
<td>Panic disorder</td>
<td>1.2</td>
<td>2.1</td>
<td>0.6</td>
<td>1.0</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>1.1</td>
<td>1.7</td>
<td>0.9</td>
<td>1.2</td>
</tr>
<tr>
<td>Bipolar mood disorder</td>
<td>0.8</td>
<td>0.9</td>
<td>0.6</td>
<td>0.7</td>
</tr>
</tbody>
</table>

Important Dates in the Shifting Approaches to Mental Disorder

- Roman Empires
  - 1st century BCE: Beginnings of mental health care practice, reflected in the Greek word "nousos" for mind.
  - Romans established asylums for the mentally ill.
- Middle Ages
  - 10th century: Schizophrenia first described by Galen.
  - 13th century: The term "schizophrenia" used to describe a disorder characterized by split personality.
- 18th century
  - 1780s: Jean-Jacques Rousseau advocated for the humane treatment of the mentally ill.
  - 1793: Philippe Pinel introduced the concept of deinstitutionalization.
- 19th century
  - 1841: Dorothea Dix campaigned for better conditions for the mentally ill.
  - 1873: Eugenics movement arose in response to perceived increase in mental illness.
- 20th century
  - 1940s: Psychopharmacology emerged as a treatment for mental disorders.
  - 1960s: The deinstitutionalization movement gained momentum with the introduction of antipsychotics.
- 21st century
  - 2010s: The rise of evidence-based practices and the integration of mental health care into primary care.

Photo source top to bottom by column: SZ Photo/Scheri/Alamy; Photo Researchers, Inc.; Maslow, Abraham H./Frager, Robert D./Fadiman, James, Motivation and Personality, 3rd Ed., ©1987. Reprinted and electronically reproduced by permission of Pearson Education, Inc., Upper Saddle River, New Jersey; Philosophical Library; Photo Researchers, Inc.; Photo Researchers, Inc.; Philosophical Library; Philosophical Library; ajt/Shutterstock.
Figure 1-5 Moonstruck women dancing in a 17th-century square. This activity is the source for the word "lunatic." Photo courtesy of Philosophical Library.

Figure 1-6 A ward at Bethlem Hospital about 1745. A patient is being chained in the foreground, and in the background are two Sunday visitors on an entertainment outing. Photo courtesy of Philosophical Library.

Figure 1-7 A bedridden man with Inspector Moreau examining the insane in the Bicêtre Hospital in Paris. Photo courtesy of Charles Ciccius/Media Research, Inc.
Benjamin Rush, the "father of American psychiatry" and an idealist and humanitarian, nonetheless favored physical theories such as "excitation of the brain" to explain mental illness. He was preoccupied with somatic treatments such as bleeding and purging and developed the tranquillizing chair to quiet the insane. Photo courtesy of Philosophical Library.

**Box 1-2** Stigmatizing Beliefs About Mental Illness

- **MYTH:** Mentally ill people are dangerous and violent. **FACT:** People with mental illness are not more violent than other people when they are on medication. They are more frequently the victims of violence than the perpetrators.

- **MYTH:** Mentally ill people have low IQ. **FACT:** People with mental illness are not developmentally disabled; that is, they do not have diminished intellectual capacity that is usually present since birth. They may have difficulty performing at a normal level, but this is due to their illness, not their intellectual capacity. However, people who have a developmental disability may also have a mental illness.

- **MYTH:** Mentally ill people cannot hold a job. **FACT:** People with mental illness whose symptoms are under control not only hold jobs, despite an employer's reluctance to hire them, but may excel at their jobs.

**Box 1-2 (continued)** Stigmatizing Beliefs About Mental Illness

- **MYTH:** Mentally ill people have nothing to contribute to society. **FACT:** People with mental illness are contributing members of society. They are scientists, musicians, astronauts, sports stars, singers, actors and contribute to society in a wide range of areas. (See the Mental Health in the News feature on page 1.)

- **MYTH:** Mentally ill people lack willpower. **FACT:** People with mental illness whose symptoms are under control can, and do, exert willpower and control in their daily lives. Any difficulties are due to their illness, not to a lack of willpower.

- **MYTH:** Mentally ill people come from low-income families. **FACT:** People with mental illness come from any income bracket, race, religion, age, and educational background. Mental illness is an equal opportunity disorder.
Box 1-2: Stigmatizing Beliefs About Mental Illness

- **MYTH:** Mentally ill people are lazy. FACT: People with mental illness are not inherently lazy. Their symptoms may make it difficult for them to be productive.
- **MYTH:** Mentally ill people cause their own problems. FACT: People with mental illness have a neurobiologic brain disorder that disrupts their thinking, feeling, mood, daily functioning, and ability to relate to others.
- **MYTH:** Mentally ill people should just “shape up.” FACT: People with mental illness cannot just “shape up” just as a person with cancer cannot just “shape up.” Mental illness, like physical illness, requires intervention for symptoms.
- **MYTH:** Mental illness does not exist. FACT: People with mental illness have an actual neurobiologic brain disorder that is every bit as factual as a physical illness.

Figure 1-9: The effect of stigma on recovery from mental illness. The person’s symptom is the marker that leads to stigmatization by society. Eventually, the effects of stigmatization negatively influence the person’s ability to recover from mental illness.