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Programme : Master of Social Work

Course Title : Mental Health
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Unit -V

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Syllabus

Classification of mental illness and policies, DSM V. ICD 11, ICF, FIC. Community psychiatry History, Principles and Practices. Primary, Secondary and Tertiary Prevention. National Mental Health India 1987 and Mental health Care Act 2017- Its implication to Professional Social Work, Mental Health Care System policies and programmes in India. Critical Review of existing policies and legislations. District Mental Health Programme History, importance and Applications Role of Social Workers in specialized mental health institutions, stress and crisis intervention centers.

Mental Health and Social Work

- The **World Health Organization** defines health as "**a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. It is the extent to which an individual or group is able, on the one hand, to realize aspirations and satisfy needs and, on the other hand to change or cope with the environment."**

- **Achieving Health For All**, a discussion document released by Health and Welfare Canada in 1986, **reflects a growing awareness that health must be viewed in terms of our personal and social resources for action**.
- It speaks of health as "**a resource which gives people the ability to manage and even to change their surroundings...a basic and dynamic force in our daily lives, influenced by our circumstances, our beliefs, our culture and our social, economic and physical environments."**

- Mental health needs to be understood **not just as due to people's traits** as individuals but also **due to the nature of their interaction with the wider environment**.
- "Environment" means our physical surroundings, both natural and artificial, and the social, cultural, regulatory and economic conditions and influences that impinge on our everyday lives.

- Mental health is very important for every individual, family and the community as a whole. For one to be healthy, not only do they have to be physically fit but also emotionally and mentally healthy as well which is necessary for their overall well-being and development.
  - A healthy person has a healthy mind and is able to:
  - think clearly
  - solve problems in life
  - work productively
  - enjoy good relationships with other people
  - feel spiritually at ease and
  - contribute to the community. It is these aspects of functioning that can be considered as mental health

- Mental health is the capacity of the individual, the group and the environment to interact with one another in ways that promote subjective well-being, the optimal development and use of mental abilities (cognitive, affective and relational), the achievement of individual and collective goals consistent with justice and the attainment and preservation of conditions of fundamental equality.
- **Mental Health encompasses the following themes:**
  - psychological and social harmony and integration
  - quality of life and general well-being
  - self-actualization and growth
  - effective personal adaptation and
  - the mutual influences of the individual, the group and the environment.

What is Social Work?

- The social work profession promotes change, problem-solving in human relationships, and the empowerment and liberation of people to enhance well-being. Utilizing theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work" (International Federation of Social Work, 2001).
- The purpose of Social Work is problem-solving, empowerment and social change where people interact with their environments (Payne 2006, IFSW 2001).

Why Social Work?

- Social work is a profession that focuses upon improving the health and social well-being of individuals, families, groups and communities.
- Social Workers believe in the rights and dignity of all individuals and to the achievement of social justice.
- Social workers work with people to assess, resolve, prevent or lessen the impact of psycho-social, physical and mental health related issues.
- Social workers are a perfect fit for primary care because primary health care is about- -Public Participation -Accessibility of services -Appropriate Technology -Interdisciplinary Collaboration -Health Promotion

The interventions should specifically be person and family-centred and focus on:

- Patient Education
- Behavioral Activation
- Relaxation/Stress Reduction
- Enhancing general coping strategies
- Care coordination/care management
- Supportive Listening
- Problem-solving/Goal setting
- Pain Management

- Integrated behavioral health
- Emphasis on patient empowerment/self care
- Attention to the social determinants of health
- Team-based care
- Advocacy,
- Promotion of independence,
- An individualised care plan
- Promotion of dignity, respect, client choice and self esteem

Important roles that social workers carry out in the community mental health centres include-

- Providing prevention education on a range of topics (depression screening, sleep hygiene, self care, stress reduction, etc.)
- Conducting a functional assessment and working towards functional restoration using Motivational Interviewing
- Teaching evidence-based skills to patients
- Emphasizing home-based self management
- Providing medication education and supporting adherence

- To stay updated about Govt and welfare schemes for different sections of the population
- To be informed about local melas, camps, community events, resource distribution programs
- Decision making ability- quick and precise at times of crisis, suggesting the best suitable referral service, taking action at times of urgent need
- Critical thinking – ability to evaluate client needs, effectiveness of interventions, needs and issues of associated family members
- Ability to plan and organize work, make notes, document.

The requisite **knowledge, skills and abilities** of a social worker are:

- General knowledge of normal and abnormal human development and behavior.
- General knowledge of recognized treatment interventions such as behavior modification; family, group, and individual psychotherapies; psychosexual education; substance abuse interventions; and use of psychotropic medications.
- Skill in developing and maintaining a therapeutic relationship with mentally ill patients.
- Skill in communicating with patients and families who may be experiencing distress.

- Skill in conducting and teaching individual, family, and group therapies.
- Skill in patient and family education regarding various aspects of mental illness.
- Skill in interviewing to gather data needed to diagnose the needs of individuals and their families.
- Skill in preparing clear, concise written case narratives and reports.
- Skill in functioning as patient advocate to ensure that appropriate social services are being delivered which could include working with State and Federal agencies and community organizations for the coordination of services.

- Ability to maintain effective working relationships with both professional and paraprofessional institution staff and public and private sector professional staff.
- Ability to understand organizational systems and how to work within them for the benefit of the patient.
- Ability to assess the level of dangerousness of patients and the potential for explosive behavior.
- Ability to build and maintain effective working relationships with representatives of a wide variety of community agencies. Ability to work as a member of a treatment team

Social Workers also have a **strong ethical responsibility** towards their Clients-

- Commitment to Clients
- Self-Determination
- Informed Consent
- Competence
- Cultural Competence and Social Diversity
- Conflicts of Interest
- Privacy and Confidentiality
- Follow ethical and moral standards with clients
- Responsible decision making
- Termination of Services.

Legislative Measures for protecting the rights of persons with Mental Disorders

- The Social worker should also be well informed of the legislative measures in respect of persons with mental disorders.
- Mental health legislation is essential for protecting the rights and dignity of persons with mental disorders, and for developing accessible and effective mental health services.
- Effective mental health legislation can provide a legal framework to integrate mental health services into the community and to overcome stigma, discrimination and exclusion of mentally-ill persons.
- Legislation can also create enforceable standards for high quality medical care, improve access to care, and protect civil, political, social and economic rights of mentally-ill individuals, including a right of access to education, housing, employment and social security.

Mental Health Act, 1987

- An Act to consolidate and amend the law relating to the treatment and care of mentally ill persons, to make better provision with respect to their properly and affairs and for matters connected therewith or incidental thereto.
- This Act discusses issues of licensing and supervising of psychiatric hospitals, providing custody of mentally ill persons, regulating the procedures of admission and discharge of mentally ill persons under different circumstances, safeguarding the rights of detained persons, protecting citizens from being detained unnecessarily, providing free legal aid to poor mentally ill

THE MENTAL HEALTHCARE ACT, 2017

- An Act to provide for mental healthcare and services for persons with mental illness and to protect, promote and fulfil the rights of such persons during delivery of mental healthcare and services and for matters connected therewith or incidental thereto
- The Convention on Rights of Persons with Disabilities and its Optional Protocol was adopted on the 13th December, 2006 at United Nations Headquarters in New York and came into force on the 3rd May, 2008;

CHAPTER V Section 18-28 RIGHTS OF PERSONS WITH MENTAL ILLNESS

- **Right to access mental healthcare (Section-18)**
- **Right to community living(Section-19)**
- **Right to protection from cruel, inhuman and degrading treatment (Section-20)**
- Right to equality and non-discrimination(Section-21)
- **Right to information(Section-22)**
- **Right to confidentiality(Section-23)**
- Restriction on release of information in respect of mental illness(Section-24)
- Right to access medical records(Section-25)
- Right to personal contacts and communication(Section-26)
- Right to legal aid(Section-27)
- Right to make complaints about deficiencies in provision of services(Section-28)

Persons with Disability (Equal Opportunities, Protection of Rights and Full participation) Act, 1995.

The Act has been enacted under Article 253 of the Constitution read with item No. 13 of the Union List It gives effect to the proclamation on the full participation and equality of the persons with disabilities in the Asian & Pacific Region and provides for their education, employment, creation of barrier free environment, social security, etc. The implementation of the Act requires a multi-sectoral collaborative approach by the appropriate governments, including various Central Ministries/Departments, States/Union Territories, local bodies.

THE RIGHTS OF PERSONS WITH DISABILITIES ACT, 2016

- An Act to give effect to the **United Nations Convention on the Rights of Persons with Disabilities** and for matters connected therewith or incidental thereto.
- The United Nations General Assembly adopted its Convention on the Rights of Persons with Disabilities on the 13th day of December, 2006.

the Convention lays down the following principles for empowerment of persons with disabilities,—

- Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;
- Non-discrimination;
- Full and effective participation and inclusion in society; (d) respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- Equality of opportunity;
- Accessibility;
- Equality between men and women;
- Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities;

CHAPTER II Section 3- RIGHTS AND ENTITLEMENTS

- **Equality and non-discrimination** (Section-3)
- Women and children with disabilities (Section-4)
- Community life. (Section-5)
- Protection from cruelty and inhuman treatment. (Section-6)
- Protection from abuse, violence and exploitation. (Section-7)
- Protection and safety. (Section-8)
- Home and family. (Section-9)
- Reproductive rights. (Section-10)
- Accessibility in voting. (Section-11)
- Access to justice. (Section-12)
- Legal capacity. (Section-13)
- Provision for guardianship. (Section-14)
- Designation of authorities to support(Section-15)

CHAPTER III DUCATION

- Duty of educational institutions (Section 16)
- Specific measures to promote and facilitate inclusive education. (Section 17)
- Adult education (Section 18)

CHAPTER IV SKILL DEVELOPMENT AND EMPLOYMENT

- Vocational training and self-employment (Section 19)
- Non-discrimination in employment(Section 20)
- Equal opportunity policy (Section 21)
- Maintenance of records (Section 22)
- Appointment of Grievance Redressal Officer(Section 23)

CHAPTER V SOCIAL SECURITY, HEALTH, REHABILITATION AND RECREATION

- **Social security (Section 24)**
- Healthcare. (Section 25)
- Insurance schemes (Section 26)
- **Rehabilitation (Section 27)**
- Research and development (Section 28)
- Culture and recreation (Section 29)
- Sporting activities (Section 30)

CHAPTER VI SPECIAL PROVISIONS FOR PERSONS WITH BENCHMARK DISABILITIES

- **Free education for children with benchmark disabilities (S-31)**
- **Reservation in higher educational institutions (S-32)**
- Identification of posts for reservation (S-33)
- **Reservation (S-34)**
- Incentives to employers in private sector (S-35)
- **Special employment exchange (S-36)**
- Special schemes and development programmes(S-37)

CHAPTER VII- SPECIAL PROVISIONS FOR PERSONS WITH DISABILITIES WITH HIGH SUPPORT NEEDS

- Special provisions for persons with disabilities with high support (S-38)

CHAPTER VIII DUTIES AND RESPONSIBILITIES OF APPROPRIATE GOVERNMENTS

- Awareness campaigns(S-39)
- **Accessibility(S-40)**
- **Access to transport(S-41)**
- **Access to information and communication technology(S-42)**
- Consumer goods(S-43)
- Mandatory observance of accessibility norms(S-44)
- Time limit for making existing infrastructure and premises accessible and action for that purpose(S-45)
- Time limit for accessibility by service providers(S-46)
- Human resource development(S-47)
- Social audit(S-48)

National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability Act, 1999

- The Act provides for constitution of the Board of the National Trust, Local Level Committees, Accountability and Monitoring of the Trust. It has **provisions for legal guardianship** of the four categories of the persons with disabilities and for creation of enabling environment for their as much independent living as possible.

CHAPTER III Section 10 OBJECTS OF THE TRUST

The objects of the Trust shall be –

(a) to **enable and empower persons with disability to live as independently** and as fully as possible within and as **close to the community to which they belong;**

(b) to **strengthen facilities** to provide support to persons with disability **to live within their own families**;

(c) to extend **support to registered organisations to provide need based services** during period of crisis in the family of persons with disability;

(d) to **deal with problems of persons with disability who do not have family support;**

(e) to **promote measures for the care and protection** of persons with disability in the **event of death of their parents or guardians**;

(f) to **evolve procedure for the appointment of guardians** and trustees for persons with disability requiring such protection;

(g) to **facilitate the realisation of equal opportunities, protection of rights and full participation** of persons with disability; and

(h) to do any other act which is incidental to the aforesaid objects

Rehabilitation Council of India Act, 1992

- The Act provides for constitution of the Rehabilitation Council of India for regulating the training of rehabilitation professionals, maintenance of a Central Rehabilitation Register, recognized rehabilitation qualifications, minimum standards of educations etc.

CHAPTER III Section 11
FUNCTIONS OF THE RCI

- Recognition of qualifications granted by University, etc., in India for rehabilitation professionals.
- Recognition of qualifications granted by institutions outside India. 13.
- Rights of persons possessing qualifications included in the Schedule to be enrolled.
- Power to require information as to courses of study and examinations.
- Inspectors as examinations.
- Visitors at examinations.
- Withdrawal of recognition.

- Minimum standards of education.
- Registration in Register.
- Privileges of persons who are registered on Register.
- Professional conduct and removal of names from Register.
- Appeal against order of removal from Register.
- Register.
- Information to be furnished by Council and publication thereof.
- Cognizance of offences.
- Protection of action taken in good faith.
- Employees of Council to be public servants.
- Power to make rules.
- Power to make regulations.
- Laying of rules and regulations before Parliament.

Community Psychiatry

- **“Any activity related to mental health that happens outside the premises of a mental hospital”**
- The true essence of community psychiatry is **to ensure care reaches each one of the deserved patients at their doorsteps.**
- CP is achieving through various means such as outpatient psychiatric services OPS, satellite clinic services or extension camps, case management and assertive community treatment, community rehabilitation centers and support groups.

COMMUNITY PSYCHIATRY SERVICES

- A community psychiatric service means **provision of psychiatric services** to the patient within their community environment with an aim to **achieve full social integration**. **The community mobile treatment units or satellite clinics** is to travel to an underserved area and then services are delivered in the patient's home or in appropriate community settings on **regular basis.**

Assertive Community Treatment (ACT):

1. The ACT is a team-based approach aiming at **keeping ill people in contact with services, reducing hospital admissions and improving outcome, especially social functioning and quality of life.**
2. Assertive Community Treatment calls for provision of a full range of **medical, psychosocial, and rehabilitation services** by a community-based team that operates **seven days a week**, **24 hours a day**

The Case Management:

1. It is the **coordination, integration and allocation** of individualized care for PMI, which includes ongoing contact with one or more identified key personnel.
2. These units provide **education, crisis intervention, community support, needs assessments, personalized service plans** such as money management, assistance in daily living, consumer advocacy and facilitate individuals' access to psychiatric care including emergency care

Psychiatric Home Visit Services:

1. It is done by the **community psychiatry team or by a psychiatrist** is undertaken **to evaluate and to treat the patient in their house**.
2. This also enables the professionals to get a better context of the patient's **socio-cultural environment**, provides **more accurate assessment** of the patients daily living activities, leverage local resources and plan suitable individualised therapy.
3. This is particularly **useful for elderly** with dementia, chronic mental illness, individuals with mental retardation, autism, organic brain disorders and so forth.
4. A novel approach has been **initiated** in a research project mode by the community psychiatry team of **NIMHANS**, Bangalore at Ramanagarama District, Karnataka titled 'Psychiatric home services' (PHS).

Community Rehabilitation Centers (CRC) or group homes:

- It helps in integrating the mentally ill into the community.
- The CRC or ‘group homes’ are the places, where a PMI is expected to return not to jobs in the community, but rather to various sheltered semi- supervised environments such as day care centers, respite care, half-way home, long-term home, shared accommodation, sheltered homes and vocational rehabilitation centers.
- These CRC play a crucial role in preparing them to get back to the mainstream

Community Support Groups:

- It consists of **family support groups, spouse support group, self-help groups and voluntary lay counsellor's groups** and so forth, enables the **group in net-working, crisis management, socialization, recreational, advocacy and educational activities** of the mentally ill.
- Community Support group **help caregivers to come together, share their experiences, learn from each other** and plan to **net-work better** for the welfare of the mentally ill.
- At times, combination of the above services is provided by the group of **trained professionals after liaising with the local leaders** of the community.

- In India, any mental health related activity that **occurs outside the premises of hospitals** can be brought under the purview of community psychiatry.
- Community psychiatry not only focuses on available treatment resources, but also focuses on sensitising the community, to understand the illness there by reducing the stigma and decreasing the time taken for seeking treatment.

NATIONAL MENTAL HEALTH PROGRAMME

- National Health Programs are one of the prominent measures taken by the nation primarily for the control of both communicable and Non-Communicable diseases.
- MNSUDs (Mental, Neurological & Substance Use Disorders) are a broad domain included under the NCDs.
- These are the disorders which currently addressed least in terms of community attention, identification & treatment which proportionally reflects as large mental health gap.
- The National Mental Health Programme (NMHP) was implemented all over the country in a phased manner. India is one of the major countries to adopt a national program for mental health at the national level after the meeting of WHO mental health advisory group

Objectives of NMHP

1. To ensure the availability and accessibility of mental health care for all in the foreseeable future, particularly to the most vulnerable and underprivileged sections of the population.
2. Encourage the application of mental health knowledge in general health care and social development.
3. Promote community participation in mental health services development and stimulate efforts towards self-help in community.

Strategies- NMHP

1. Integration of mental health with primary health care through the NMHP
2. Provision of tertiary care institutions for treatment of mental disorders
3. Eradicating stigmatization of mentally ill patients and protecting their rights through regulatory institutions like the Central Mental Health Authority (CMHA) and State Mental Health Authority (SMHA)

- The District Mental Health Programme
- Preparatory phase
- Adolescent and School Mental Health Programme
- College mental health programme
- 5. Improvement in health manpower status
- Research and mental health
- IEC activities
- Support money for implementation of the Mental Health Act
- Public-Private-Partnership
- Monitoring
- Suicide prevention
- Stress management

Limitations of NMHP

- Lack of steady administrative structure & lack of adequate funding
- Lack of periodical introspection, supervision, reporting & mentoring which lead the way for initiatives to slowly die over time, resulting in poor timely delivery of services
- The program gave more emphasis on curative components rather than promotive and preventive aspects
- Most importantly lack of manpower resource

DISTRICT MENTAL HEALTH PROGRAMME (DMHP)

- To overcome this limitation of NMHP, an initiative was taken where the district was considered to be the administrative and implementation unit of this program.
- The District Mental Health Program (DMHP) has been in existence since 2003, and provides basic mental health care services for a range of facility and community-based interventions.
- To assess the feasibility of DMHP, National Institute of Mental Health and Neurosciences (NIMHANS) undertook a pilot project (1985–1990) at the Bellary District of Karnataka.
- Till now, DMHP have been implemented in 655/724 districts in India. Out of this, 550 districts have operational DMHP.

COMPONENTS OF DMHP

- Service Provision- Management of cases of mental disorders and counseling at different levels of district health care delivery system.
- Capacity Building- Manpower training and development for prevention, early identification and management of mental disorders.
- Awareness generation through Information Education Communication (IEC) activities.

OBJECTIVES OF DMHP

1. Provision of mental health care in the community would essential require integrating mental health services into the primary health centers. Primary care physicians play a crucial role in delivering services.
2. To launch extensive information and communication activities about the nature, course and the availability of treatment for mental disorders.
3. To facilitate adequate psychosocial care of the recovered mentally ill in the community by making linkages with non-governmental organizations locally
4. Initiate mental health promotional activities in schools and colleges.
5. To develop active public-private partnerships.

- Clinical services, including the outreach services.
- Training all the ground level workers (Anganwadi workers, ASHA workers, ANMs) in identifying and referring patients with mental illness
- Training of all the medical officers to identify and start first line treatment for mentally ill
- IEC activities
- Targeted interventions are being focused on life skills education and counselling in schools, College counselling services
- Work place stress management and Suicide prevention services

International Classification of Diseases (ICD)

- International Classification of Diseases (ICD) has been the basis for comparable statistics on causes of mortality and morbidity between places and over time.
- Originating in the 19th century, the latest version of the ICD, ICD-11, was adopted by the 72nd World Health Assembly in 2019 and came into effect on 1st January 2022.
- **Geneva, Switzerland – May 2024 –** As of May 2024, two years following the official coming into effect of ICD-11, 132 Member States and areas are at various phases of implementing the new classification system. Specifically, 72 countries have commenced the implementation process, including translation efforts. Additionally, 50 countries are either conducting or expanding implementation pilots, and 14 countries and areas have begun to collect or report data using ICD-11 coding.

- To facilitate the transition from ICD-10 to ICD-11, WHO has enhanced the digital mapping tables with additional mapping options, offering comprehensive cross-references and guides. These enhancements aim to ensure a smoother and more efficient migration process for all countries.

Classification of ICD 10

- List of categories
  - 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

Reference: https://cdn.who.int/media/docs/default-source/classification/other-classifications/9241544228_eng.pdf

The Diagnostic and Statistical Manual of Mental Disorders, 5- Edition, Text Revision (DSM-5-TR)

- *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)*, 298 mental health disorders, features the most current text updates based on scientific literature with contributions from more than 200 subject matter experts. The revised version includes a new diagnosis (prolonged grief disorder), clarifying modifications to the criteria sets for more than 70 disorders,

- *DSM-5-TR* includes a comprehensive review of the impact of racism and discrimination on the **diagnosis and manifestations** of mental disorders. The DSM 5 manual will **help clinicians and researchers** define and classify mental disorders, which can **improve diagnoses, treatment, and research**.

The DSM-5 has three sections:

1. **Section I: DSM-5 Basics.** This section covers **how medical professionals should use the book** in their work. It also includes guidance on using the DSM-5 when mental health concerns involve legal professionals, court cases, etc.
2. **Section II: Diagnostic Criteria and Codes**. This section is the largest in the book. Each chapter covers **a type of condition, with the specific conditions defined and explained within**
3. **Section III: Emerging Measures and Models**. This section contains information about **specific assessment tools,** which providers use as guidelines for diagnosing some conditions. It also has information about how cultural differences may affect a diagnosis, and a chapter about conditions that may eventually go into a later edition of the DSM but need further study before that happens.

Section II

Neurodevelopmental disorders

1. Autism spectrum disorder.
2. Attention-deficit/hyperactivity disorder (ADHD).
3. Learning disorders (which covers dyslexia, dyscalculia, etc.).

Schizophrenia spectrum and other psychotic disorders

- Schizophrenia.
- Schizoaffective disorder.
- Delusional disorder.
- Bipolar and related disorders.
- Bipolar I and bipolar II disorders.
- Cyclothymic disorder.
- Depressive disorders.
- Major depressive disorder.
- Persistent depressive disorder.
- Anxiety disorders.
- Generalized anxiety disorder.
- Social anxiety disorder.
- Separation anxiety disorder.
- Panic disorder.
- Phobias.

Obsessive-compulsive and related disorders

1. Obsessive-compulsive disorder (OCD).
2. Hoarding disorder.
3. Body dysmorphic disorder.
4. Skin-picking disorder and hair-pulling disorder.

Trauma- and stressor-related disorders

1. Post-traumatic stress disorder (PTSD).
2. Acute stress disorder.
3. Adjustment disorder.

Dissociative Disorders

1. Dissociative identity disorder.
2. Dissociative amnesia.
3. Depersonalization/derealization disorder.

Somatic Symptoms and Related disorders

1. Somatic symptom disorder.
2. Illness anxiety disorder.
3. Functional neurological symptom disorder (conversion disorder).

Feeding and Eating disorders

1. Anorexia nervosa.
2. Bulimia nervosa.
3. Binge-eating disorder.
4. Pica.

Elimination disorders

1. Enuresis (a group of disorders that includes bedwetting).
2. Sleep-wake disorders.
3. Insomnia disorder.
4. Narcolepsy.

Sleep apnea disorders.

1. Nightmare disorder.
2. Restless legs syndrome.

Sexual dysfunctions

1. Gender dysphoria-related disorders

Disruptive, impulse-control and conduct disorders

1. Oppositional defiant disorder.
2. Antisocial personality disorder.
3. Kleptomania.
4. Pyromania.

Substance-related and addictive disorders

1. Alcohol use disorder.
2. Inhalant use disorder.
3. Opioid use disorder.
4. Withdrawal-related symptoms.

Neurocognitive disorders

1. Delirium.
2. Alzheimer’s disease.
3. Parkinson’s disease.
4. Huntington’s disease.
5. Traumatic brain injury.

Personality disorders

1. Borderline personality disorder (BPD).
2. Narcissistic personality disorder.
3. Sexual behavior disorders

The International Classification of Functioning, Disability and Health (ICF)

- This is a framework for **describing and organising information on functioning and disability**.
- It provides **a standard language** and a **conceptual basis for the definition** and **measurement of health and disability**.
- The ICF was approved for use by **the World Health Assembly in 2001**, after extensive testing across the world involving people with disabilities and people from a range of relevant disciplines.
- The ICF integrates the major models of disability. It recognises the role of **environmental factors in the creation of disability**, as well as the **relevance of associated health conditions and their effects**.

The aims of the ICF (WHO 2001:5)

- It provides a scientific basis for understanding and studying health and health-related states, outcomes, determinants, and changes in health status and functioning.
- It establish a common language for describing health and health-related states in order to improve communication between different users, such as health care workers, researchers, policy-makers and the public, including people with disabilities.
- It permit comparison of data across countries, health care disciplines, services and time
- It provide a systematic coding scheme for health information systems.

Underlying principles

Four general principles guided the development of the ICF and are essential to its application.

1. **Universality:** A classification of functioning and disability should be **applicable to all people irrespective of health condition** and in **all physical, social and cultural contexts**. The ICF **achieves this and acknowledges** that *anyone can experience some disability. It concerns everyone's functioning and disability, and was not designed, nor should be used, to label persons with disabilities as a separate social group.*

2. **Parity and aetiological neutrality.** In classifying functioning and disability, there is **not an explicit or implicit distinction between different health conditions**, whether **'mental' or 'physical**

3. **Neutrality:** Domain definitions are worded in **neutral language.** So that the classification can be used to record both the positive and negative aspects of functioning and disability.

4. **Environmental Influence**. The ICF includes environmental factors in recognition of the important **role of the environment in people's functioning**. These factors range **from physical factors (such as climate, terrain or building design) to social factors (such as attitudes, institutions, and laws).** Interaction with environmental factors is an essential aspect of the scientific understanding of 'functioning and disability.

Feedback-Informed Care (FIC)

- FIC is an innovative, evidence-based approach to mental health care that uses client feedback to help guide treatment. Because clients and therapists work together to improve results, patients are empowered to take an ac
- FIC refines and deepens the therapeutic alliance by fostering client trust and empathy with the provider. It also reduces assessment bias by providing a more accurate picture of how the treatment is progressing.

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