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Unit -II

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NEUROSIS: OVERVIEW

- **Neurosis** refers to a group of mental health conditions characterized by emotional distress or dysfunction without a loss of connection to reality (as opposed to psychosis).
- The term is no longer commonly used in diagnostic manuals like the DSM-5 but is still recognized in broader psychological contexts, particularly in psychoanalytic theory. Conditions previously grouped under neurosis include anxiety disorders, depression, phobias, and obsessive-compulsive disorders.



SYMPTOMS

Symptoms of neurosis vary depending on the specific condition but generally include:

Emotional Symptoms:

- Persistent worry or fear.
- Feelings of sadness, guilt, or irritability.
- Emotional instability.

Cognitive Symptoms:

- Negative thought patterns or obsessions.
- Difficulty concentrating or making decisions.
- Excessive focus on minor concerns.



Behavioral Symptoms:

- Avoidance of situations due to fear or anxiety.
- Repetitive behaviors (e.g., checking, washing in OCD).
- Social withdrawal or reduced participation in daily activities.

Physical Symptoms:

- Sleep disturbances (insomnia or oversleeping).
- Fatigue or low energy.
- Physical manifestations of stress (e.g., headaches, digestive issues).

Etiology (Causes)

The causes of neurosis are multifactorial, involving biological, psychological, and social factors:

Biological Factors:

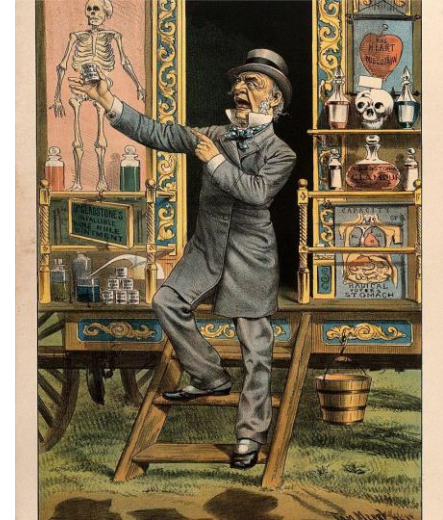
- Imbalances in neurotransmitters (e.g., serotonin, dopamine).
- Genetic predisposition to anxiety or mood disorders.
- Hormonal changes or medical conditions affecting mental health.

Psychological Factors:

- Childhood trauma or unresolved conflicts (psychoanalytic perspective).
- Negative coping mechanisms for stress.
- Low self-esteem or perfectionistic tendencies.

Social and Environmental Factors:

- Chronic stress or life changes (e.g., loss, divorce, job insecurity).
- Poor social support or strained relationships.
- Cultural or societal pressures.



Diagnosis

Steps in Diagnosing Neurosis:

1. Clinical Interview:

- Explore the patient's presenting complaints, focusing on emotional distress and coping difficulties.
- Assess the duration, intensity, and impact of symptoms on daily life.

2. Criteria-Based Assessment:

- Use diagnostic criteria such as those in the **DSM-5** or **ICD-11**:
 - **DSM-5**: Disorders like generalized anxiety disorder (GAD), phobias, panic disorder, or OCD.
 - **ICD-11**: Includes similar categories under anxiety and stress-related disorders.

3. Exclusion of Psychosis:

- Rule out conditions involving psychosis (e.g., schizophrenia or delusional disorders).
- Ensure the absence of hallucinations, delusions, or significant disconnection from reality.

4. Screening Tools:

- **GAD-7**: Generalized Anxiety Disorder screening.
- **Y-BOCS**: Yale-Brown Obsessive Compulsive Scale for OCD.
- **PHQ-9**: Patient Health Questionnaire for depression.

5. Medical and Substance History:

- Rule out physical causes like Thyroid dysfunction or substance use contributing to symptoms.

Prognosis

Factors Influencing Prognosis:

1. Severity and Duration:

- Chronic or severe neurosis may take longer to manage and recover.

2. Treatment Adherence:

- Consistent therapy and medication improve outcomes.

3. Support Systems:

- Strong familial, social, or occupational support enhances recovery.

4. Co-Morbid Conditions:

- The presence of depression, personality disorders, or substance abuse may complicate recovery.

Prognostic Outlook:

- With early diagnosis and proper treatment, most patients experience significant improvement.
- In cases of untreated neurosis, symptoms may become chronic, leading to reduced quality of life.

3. Management

Management of neurosis involves a combination of psychotherapy, pharmacotherapy, and lifestyle modifications.

Psychotherapy:

1. Cognitive Behavioral Therapy (CBT):

- Focuses on identifying and changing negative thought patterns.
- Effective for anxiety disorders and OCD.

2. Exposure Therapy:

- Gradual exposure to feared stimuli to reduce avoidance behavior (e.g., phobias).

3. Stress Management Techniques:

- Teaching relaxation techniques such as mindfulness and deep breathing.

4. Supportive Psychotherapy:

- Provides a safe environment for patients to express feelings and develop coping strategies.

Pharmacotherapy:

1. Anti-Anxiety Medications:

- **Benzodiazepines** (short-term use only): Alprazolam, Lorazepam.

2. Antidepressants:

- **SSRIs**: Sertraline, Fluoxetine (first-line treatment for anxiety and OCD).
- **SNRIs**: Venlafaxine, Duloxetine.

3. Beta-Blockers:

- For physical symptoms of anxiety (e.g., tachycardia).

Lifestyle and Behavioral Management:

1. Stress Reduction:

- Encourage regular physical activity, yoga, or meditation.

2. Sleep Hygiene:

- Promote consistent sleep patterns to improve emotional regulation.

3. Dietary Modifications:

- Avoid stimulants like caffeine or alcohol that exacerbate anxiety.

Family and Social Support:

- Involve family in therapy to improve understanding and support for the patient.
- Encourage participation in support groups or community activities.

Follow-Up:

- Regular follow-up appointments to monitor progress, medication side effects, and therapy adherence.
- Adjust treatment plans based on response and emerging needs.

PSYCHOSIS: OVERVIEW

Psychosis is a mental health condition characterized by a loss of contact with reality. Individuals with psychosis experience disruptions in thinking, perception, emotions, and behavior, often manifesting as delusions, hallucinations, or disorganized thoughts. It can occur as a symptom of psychiatric disorders (e.g., schizophrenia), medical conditions, or substance use.

1. Symptoms

Core Symptoms of Psychosis:

1. Delusions:

- False beliefs not aligned with reality.
- Examples: Paranoia (e.g., "Someone is watching me") or grandiosity (e.g., "I have special powers").

2. Hallucinations:

- Perceiving sensory experiences that are not present.
- Commonly auditory (e.g., hearing voices) but can include visual or tactile hallucinations.



3. Disorganized Thinking:

Incoherent speech or difficulty maintaining logical conversation.

Examples: Loose associations or jumping from one topic to another without connection.

4. Disorganized or Abnormal Behavior:

Agitation, catatonia, or unpredictable behavior.

Examples: Repeated odd gestures or inappropriate emotional responses.

5. Negative Symptoms:

Reduced emotional expression, motivation, or social interaction.

Examples: Flat affect, apathy, or lack of speech (alogia).

Etiology of Psychosis

Biological Causes:

1. Neurochemical Imbalance:

- Hyperactivity of dopamine pathways (especially in schizophrenia).

2. Genetics:

- Family history increases risk (e.g., 10% for first-degree relatives of schizophrenia patients).

3. Brain Abnormalities:

- Enlarged ventricles or reduced grey matter in schizophrenia.

4. Infections and Inflammation:

- Prenatal infections or autoimmune factors may play a role.

Environmental Causes:

1. Substance Abuse:

- Alcohol, cannabis, amphetamines, or hallucinogens can trigger psychosis.

2. Stress and Trauma:

- Severe emotional or physical stressors may precipitate episodes.

3. Obstetric Complications:

- Hypoxia or malnutrition during prenatal development.

Medical Causes (Secondary Psychosis):

1. Neurological conditions (e.g., epilepsy, brain tumors).
2. Endocrine disorders (e.g., thyroid dysfunction).
3. Infectious diseases (e.g., HIV, syphilis).

DIAGNOSIS OF PSYCHOSIS

Steps in Diagnosis:

1. Clinical Assessment:

- Detailed patient interview about symptoms, duration, and triggers.

2. DSM-5 or ICD-11 Criteria:

- Psychotic disorders such as schizophrenia, schizoaffective disorder, brief psychotic disorder, or substance-induced psychosis.

3. Differential Diagnosis:

- Rule out delirium, dementia, or mood disorders with psychotic features.

Diagnostic Tools:

1. Psychiatric Scales:

- Positive and Negative Syndrome Scale (PANSS).
- Brief Psychiatric Rating Scale (BPRS).

2. Imaging Studies:

- MRI or CT scan to rule out structural brain lesions.

3. Laboratory Tests:

- Blood tests for metabolic or infectious causes.
- Toxicology screening for substance use.

Prognosis of Psychosis

Factors Influencing Prognosis:

1. Early Onset:

- Earlier onset may result in a worse prognosis.

2. Treatment Response:

- Non-adherence to medications can lead to relapse.

3. Duration of Untreated Psychosis (DUP):

- Longer DUP correlates with poorer outcomes.

4. Social Support:

- A strong support system can significantly improve recovery.

Prognostic Outlook:

● Good Prognosis:

- Short duration, good insight, and absence of negative symptoms.

● Poor Prognosis:

- Chronic course, prominent negative symptoms, poor social support

MANAGEMENT OF PSYCHOSIS

Acute Phase Management:

1. Hospitalization:

- For severe episodes or risk of harm to self/others.

2. Antipsychotic Medications:

- **First-Generation Antipsychotics (FGAs):**

- Haloperidol, Chlorpromazine.

- **Second-Generation Antipsychotics (SGAs):**

- Risperidone, Olanzapine, Quetiapine (preferred due to fewer extrapyramidal side effects).

3. Benzodiazepines:

- For agitation or insomnia (e.g., Lorazepam).

Maintenance Phase Management:

1. Long-Term Antipsychotics:

- Consider depot injections (e.g., Paliperidone palmitate) for non-adherence.

2. Psychotherapy:

- **Cognitive Behavioral Therapy (CBT):**
 - Helps reduce distress associated with delusions and hallucinations.
- **Family Therapy:**
 - Educates family members to support the patient effectively.

Psychoeducation:

1. Improve patient awareness of illness and need for treatment.
2. Address stigma and promote engagement in recovery.

Rehabilitation:

1. Social Skills Training:

- Enhance interpersonal interactions and reduce social withdrawal.

2. Vocational Rehabilitation:

- Support employment or education opportunities.

Lifestyle Modifications:

1. Substance Abuse Treatment:

- Counseling for co-occurring substance use disorders.

2. Stress Management:

- Mindfulness, yoga, or relaxation techniques.

AFFECTIVE DISORDERS: OVERVIEW

Affective disorders, also known as mood disorders, are mental health conditions characterized by significant disturbances in mood, ranging from extreme sadness (depression) to excessive elation (mania or hypomania).

Symptoms	<p>Depressive Episode:</p> <ul style="list-style-type: none">- Persistent sadness, hopelessness, and loss of interest.- Fatigue, changes in appetite or sleep patterns.- Difficulty concentrating, feelings of worthlessness, or suicidal thoughts. <p>Manic Episode:</p> <ul style="list-style-type: none">- Euphoric or irritable mood, inflated self-esteem.- Decreased need for sleep, increased energy, rapid speech.- Risky behavior, poor decision-making. <p>Mixed Episode:</p> <ul style="list-style-type: none">- Features of both depression and mania simultaneously.
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Etiology**Biological Factors:**

- Genetic predisposition (family history of mood disorders).
- Neurochemical imbalances, particularly serotonin, dopamine, and norepinephrine.
- Brain structure abnormalities (e.g., changes in hippocampus or prefrontal cortex).

Psychological Factors:

- Cognitive distortions, personality traits (e.g., neuroticism).

Environmental Factors:

- Stressful life events, trauma, or substance abuse.

Diagnosis**Clinical Evaluation:**

- Patient history of mood episodes, duration, and impact on functioning.

Diagnostic Criteria:

- DSM-5 or ICD-11 for major depressive disorder, bipolar I/II disorder, or cyclothymia.

Assessment Tools:

- Beck Depression Inventory (BDI), Hamilton Rating Scale for Depression (HRSD).
- Young Mania Rating Scale (YMRS).

Prognosis

Factors Influencing Outcome:

- Early treatment and adherence to therapy improve prognosis.
- Chronic or recurrent episodes may affect long-term functioning.

Favorable Prognosis:

- Good support system, absence of comorbid conditions.

Poor Prognosis:

- Untreated episodes, substance abuse, or severe symptoms.

Management

Pharmacological Treatment:

- **Antidepressants** (for depression): SSRIs (e.g., Fluoxetine), SNRIs, or TCAs.
- **Mood Stabilizers** (for bipolar disorder): Lithium, valproate, or lamotrigine.
- **Antipsychotics** (for mania): Olanzapine, risperidone.

Psychotherapy:

- Cognitive Behavioral Therapy (CBT) for maladaptive thoughts.
- Interpersonal Therapy (IPT) to improve relationships.

Lifestyle Modifications:

- Regular sleep, physical activity, and stress management.

Electroconvulsive Therapy (ECT):

- For severe or treatment-resistant depression.

ORGANIC DISORDERS: OVERVIEW

Organic disorders, also referred to as neurocognitive disorders, are mental health conditions caused by physical changes in the brain or other parts of the nervous system. These disorders are typically linked to medical conditions such as brain injuries, infections, or degenerative diseases.



Symptoms

Symptoms can vary depending on the underlying condition but may include:

- **Cognitive Decline:** Memory loss, confusion, impaired reasoning or judgment.
- **Behavioral Changes:** Agitation, personality changes, disinhibition, impulsivity.
- **Emotional Symptoms:** Depression, anxiety, irritability.
- **Motor Symptoms:** Tremors, poor coordination, or paralysis (in cases of brain injury or stroke).
- **Hallucinations and Delusions:** Especially in conditions like dementia or delirium.

Etiology

Medical Conditions:

Head Trauma: Brain injury due to accidents or falls.

Infections: Encephalitis, meningitis.

Neurodegenerative Diseases: Alzheimer's disease, Parkinson's disease, Huntington's disease.

Stroke: Disruption in blood supply to the brain leading to cognitive impairments.

Toxicity: Drug or alcohol abuse leading to brain damage.

Nutritional Deficiencies: Vitamin B12 deficiency or malnutrition leading to cognitive decline.

Diagnosis

Clinical Evaluation:

- Detailed medical history and physical examination.

Cognitive Testing:

- Neuropsychological assessments (e.g., Mini-Mental State Examination (MMSE), Montreal Cognitive Assessment (MoCA)).

Imaging:

- MRI or CT scans to detect brain abnormalities like lesions, tumors, or atrophy.
- Electroencephalogram (EEG) to assess brain activity.

Blood Tests:

- To rule out infections, nutritional deficiencies, or metabolic imbalances.

Prognosis

Factors Influencing Outcome:

- The underlying cause, its severity, and the timing of treatment influence the prognosis.

Favorable Prognosis:

- Early diagnosis and effective treatment of reversible conditions (e.g., infection, nutritional deficiency).

Poor Prognosis:

- Progressive neurodegenerative diseases (e.g., Alzheimer's, Parkinson's), especially in the absence of effective management.

Management

Pharmacological Treatment:

- **Cholinesterase Inhibitors** (e.g., Donepezil, Rivastigmine) for dementia-related organic disorders.
- **Antidepressants** or **Antipsychotics** for mood or psychotic symptoms.
- **Parkinson's Disease Medications:** Levodopa for motor symptoms.
- **Anticonvulsants** for seizures.

Non-Pharmacological Treatments:

- Cognitive rehabilitation therapy to improve memory and problem-solving skills.
- Occupational therapy to assist with daily activities.

Supportive Care:

- Family support, counseling, and education about the condition.
- **Physical Therapy** for motor impairments.

Surgical Intervention:

- In cases of brain tumors, injuries, or other surgical conditions causing organic disorders.

PSYCHIATRIC ASSESSMENT



Topic	Description	Key Components
1. Interview	A structured or semi-structured discussion to understand the patient's mental health and establish rapport.	<ul style="list-style-type: none">- Initiate with open-ended questions.- Address presenting complaints.- Build trust and empathy.- Explore concerns and expectations.

Topic	Description	Key Components
<p>2. Case History Taking</p>	<p>Detailed documentation of the patient's personal, medical, and psychosocial background.</p>	<p>Identifying Information: Age, gender, occupation.</p> <p>Chief Complaint: Patient's reason for consultation.</p> <p>History of Present Illness: Symptoms, duration, triggers, course.</p> <p>Past History: Prior psychiatric or medical illnesses.</p> <p>Family History: Mental illnesses, substance use.</p> <p>Personal History: Education, relationships, lifestyle, coping mechanisms.</p> <p>Substance Use: Drugs, alcohol, tobacco history.</p>

Topic	Description	Key Components
<p>3. Mental Status Examination</p>	<p>A systematic, observational method to assess the patient's current psychological functioning.</p>	<p>Appearance and Behavior: Hygiene, eye contact, motor activity. Speech: Clarity, coherence, speed. Mood and Affect: Patient's emotional state and its appropriateness. Thought Process: Logical or disorganized patterns. Thought Content: Delusions, obsessions, suicidal thoughts. Perception: Hallucinations, depersonalization. Cognition: Orientation, memory, problem-solving ability. Insight and Judgment: Understanding of condition and decision-making ability.</p>

Topic	Description	Key Components
4. Psychosocial Diagnosis	A comprehensive evaluation of the biopsychosocial factors contributing to the patient's condition.	<ul style="list-style-type: none">- Biological: Medical or genetic factors.- Psychological: Emotional, cognitive, and behavioral factors.- Social: Relationships, work, financial stressors.- Diagnosis Tools: DSM-5 or ICD-11 classification.- Treatment Planning: Incorporate findings for tailored interventions.

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