

# Mental and behavioural disorders



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# Participants

**How would you describe a mentally healthy person? What sorts of requirements must a person meet in order to be considered mentally healthy?**





# Mental health



According to the World Health Organization, mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

A person is mentally healthy if they:

- **Realize their potentials**
- **Cope with stress**
- **Work productively**
- **Contribute to the community**

What is your opinion on that? Can you say for yourself that you have met all of these requirements in every period of your life?

We will certainly experience a mental problem in some period of our life, just as we will certainly experience a physical problem as well. Physical and mental health are both equally important. Imbalances in mental health do happen. They can be (and most often are) transient.





# Participants

**Which mental disorders have you heard of? Name them! Do you know someone who has been diagnosed with a mental disorder? Describe that person!**





# Stereotypes



The way or, more specifically, the words and terms we use when describing people with mental problems are often in fact not connected to the problems these people experience in the slightest, but rather to stereotypical ideas about them.

So, statements that can be heard are that mentally ill people are aggressive, dangerous to their environment or out of control, that they should be put in a mental institution, and most definitely not be present in the workforce where they will endanger others, and that they should be deprived of the right to vote.



On the other hand, one can often hear statements that they are actually pretending to have a difficult time and are playing the victim, and that they would be better off if they just made an effort.

Try to think of other such common opinions about and attitudes towards people with mental problems.





# Incidence

One in four people will be affected by a mental or behavioural disorder at some point in their lives (WHO, 2021). Alzheimer's disease and other dementias are in the top ten causes of death. More precisely, they are ranked seventh (WHO, 2019).



# Mental disorders



We define mental disorders as patterns of behaviour or experience that are accompanied by noticeable suffering or incapacitation. This means that a part of what a person repeatedly does and/or the way they perceive the world around them (or themselves) is altered/distorted or inadequate.

The key points of this definition are the long-term suffering or incapacitation experienced by the afflicted person, which we are often unaware of when we think about people with mental problems, and which represent the core of the illness itself.



It is important to emphasize that such behaviours or experiences, i.e., suffering or incapacitation, can sometimes occur as a reaction to an event (trauma); in which case they are not considered a mental disorder.

For example, following the loss of a loved one, it is expected that a person will feel a deep and overwhelming sadness. This is not a disorder. However, if the state lasts for an extremely long time, and other symptoms appear, and if it is significantly disruptive to a person's everyday functioning for a long time, then a mental disorder is suspected.



# Who diagnoses and treats mental disorders



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**Confusion about the experts involved in mental health is common. It is important to know that only psychiatrists can diagnose a mental disorder. They are doctors specializing in illnesses from a mental point of view.**

Also, they are the only ones who can prescribe drug therapy for the treatment of mental disorders. A psychologist conducts psychological testing and issues an opinion based on which (among other things) the psychiatrist makes a conclusion about the patient's illness and treatment.



Both psychiatrists and psychologists (and people from many other professions) can, with additional training, become psychotherapists.

Psychotherapy is a set of techniques and procedures that are based on the communicational relationship between the psychotherapist and the client, the goal of which is to improve the client's life, including the treatment of mental illnesses.

It cannot substitute drug therapy, but it can be conducted independently or in collaboration with a psychiatrist. Other experts are often involved in the treatment of the mentally ill as well; e.g., social workers.





# Mental and behavioural disorders: classification (ICD 10)



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Mental disorders cover an extremely wide scope in terms of the type and degree of impairment, so we are dealing with an endless number of diagnoses in this case. They are grouped into 10 categories. Each of them contains a set of illnesses that have some similarities at their core.

Category names are as follows:



- **Organic:** including symptomatic, mental disorders
- Mental and behavioural disorders due to **psychoactive substance** use
- **Schizophrenia:** schizotypal and delusional disorders
- **Mood:** [affective] disorders
- **Neurotic:** stress-related and somatoform disorders
- **Behavioural syndromes:** associated with physiological disturbances and physical factors
- Disorders of adult **personality and behaviour**

- Mental **retardation**
- Disorders of psychological **development**
- Behavioural and emotional disorders with onset usually occurring in **childhood and adolescence**

Each of them will be presented in more detail below.



# **Organic, including symptomatic, mental disorders**



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This group contains disorders whose common feature are visible changes in the brain, called organoids. It is a set of diagnoses based on a proven brain disease or injury. The main representatives of this group are various forms of dementia, such as Alzheimer's or Parkinson's disease.



# **Mental and behavioural disorders due to psychoactive substance use**

**This group contains disorders that are attributable to the use of one or more psychoactive substances.**

In this case, it is important to remember that the term addiction can denote a psychological aspect and/or a physical aspect. Moreover, most often only one aspect of addiction is in play.

Psychological addiction involves the feeling of satisfaction and the desire to repeatedly experience the effect of the substance, or to avoid the dissatisfaction caused by not taking it (marijuana, amphetamine, MDMA, and LSD, mescaline, etc.).



Physical addiction manifests itself in withdrawal syndrome, whereby unpleasant physical changes occur after stopping the use of substances (heroin, alcohol, cocaine, etc.).



# Schizophrenia, schizotypal and delusional disorders

This group of disorders involves diagnoses that have psychotic symptoms in common, such as illusions, hallucinations, disorganized thinking and speech, and inappropriate behaviour.

Illusions denote incorrect interpretations of what a person experiences in reality (an external stimulus exists), while hallucinations denote perceptions that are completely beyond reality, that is, they do not exist in reality (no external stimulus exists).



Disorganized thinking and speech cause poor comprehensibility of the spoken content for most listeners, since the words and sentences are connected without any logical connection and meaning.

And finally, inappropriate behaviour refers to any behaviour that clearly and undeniably deviates from the context in which the person finds themselves in. Examples of diagnoses from this group are schizophrenia, delusional disorder and schizotypal personality disorder.



# Mood [affective] disorders

**Mood [affective] disorders are a group of diagnoses that share a common feature of divergence with regard to emotional experiences.**

Such divergence occurs if an emotion or a set of emotions last too long, if they are too intense, if they arise for no reason or if they impair the person's functioning. The main representatives of this group are depression (emotional low), mania (emotional high) and bipolar disorder (combination of the previous two).



# Neurotic, stress-related and somatoform disorders

This group of disorders contains diagnoses that are based on a pronounced feeling of anxiety (a disturbing, unpleasant emotional state of nervousness and discomfort without an objective reason), such as phobias, panic disorder, generalized anxiety disorder or obsessive-compulsive disorder.

Then, there are those directly related to previously experienced stress, i.e., trauma, where the reactions far exceed those expected under the given circumstances (acute stress reaction, post-traumatic stress event).

Finally, somatoform disorders involve a number of specific diagnoses based on the presence of clear physical symptoms which are assumed to have a psychological basis.





# **Behavioural syndromes associated with physiological disturbances and physical factors**

**This group of mental disorders  
contains eating disorders and sleep  
disorders as its most prominent  
representatives.**

Anorexia nervosa is characterized by a tireless effort to be thin, a morbid fear of being fat, a refusal to maintain a minimum normal body weight and, in women, the absence of menstruation. Bulimia nervosa is characterized by repeated bouts of overeating followed by induced vomiting, abuse of laxatives or diuretics, strenuous exercise or starvation.



# Disorders of adult personality and behaviour

Personality disorders are extreme and considerable deviations from the way an average individual in a given culture understands, thinks, feels and, especially, establishes relationships with other people.

They tend to have long-lasting and comprehensive effects on multiple areas of behaviour and psychological functioning. They are often, but not always, associated with varying degrees of personal stress and problems with social functioning.



Disorders of adult behaviour involve disorders related to habits and impulses, sexual identity disorders and sexual tendencies disorders...).



# Mental retardation

**Mental retardation is a category that involves different degrees of intellectual disabilities, characterized by deficiencies in intellectual functions and deficiencies in adaptive functioning, whose onset occurred during the early developmental period.**

Intellectual disabilities are divided into 4 groups based on the intensity of the impairment: mild, moderate, severe and profound.



**Disorders of  
psychological  
development  
+ behavioral  
and emotional  
disorders with  
onset usually  
occurring in  
childhood and  
adolescence**

**These two groups of disorders  
are characterized by their onset  
occurring during early development,  
childhood and adolescence.**

Examples of disorders related to these groups are stuttering, difficulties with pronunciation, speech understanding, reading, arithmetic, as well as autism, ADHD or other behavioural disorders, such as disinhibition or confrontational behaviour.



# Main difficulties



The most severe consequences of mental and behavioural disorders are made manifest in the area of experiencing and communicating with the social environment.

The more the view of the world, other people and oneself is distorted, the more the relations with the social environment (and oneself) are undermined.

The earlier the age at which the first symptoms appeared, the greater the impairment. The more often the characteristic condition repeatedly occurs, the greater the impairment.



# Most common diagnoses in the World

The most common mental disorders are those from the “Mood [affective] disorders” category (depression and bipolar disorder), followed by schizophrenia and other psychotic disorders, and then, subsequently, dementias and developmental disorders.

## **PWD**

**Approximately one quarter of all persons with disabilities have acquired their status based on or in combination with a mental disorder.**



## **Suicide**

**More people commit suicide than die as a result of traffic accidents.  
An equal number of men and women attempt suicide, but more men  
succeed in their attempt.**

# How can we identify a possible mental disorder

There are a number of indicators that indicate the possibility of a mental disorder. For example, when a person's behaviour or the experience they retell is unusual and extremely uncommon.

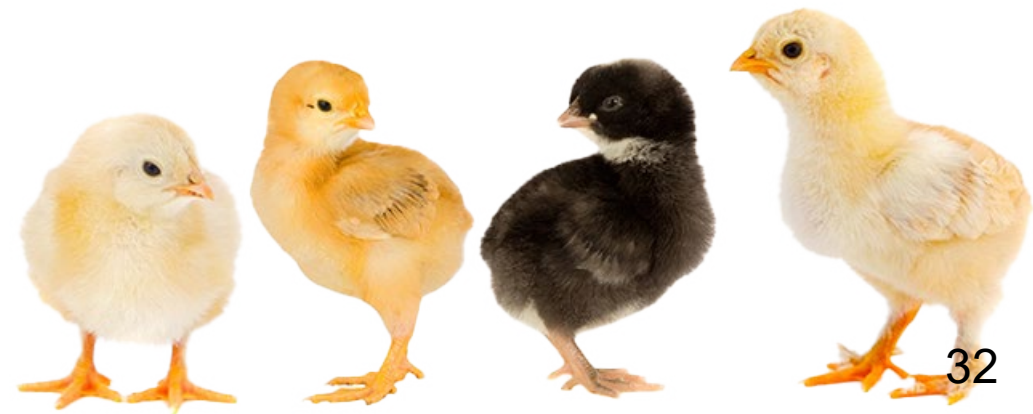
Furthermore, when it is clear that the way a person perceives and interprets a situation is clearly incorrect or distorted.

When it is evident that a person feels pronounced and long-lasting suffering that is not proportionate to the real circumstances in which they live.



And finally, when a person behaves in a way that clearly deviates from the social norms in a given area, or culture, in which they reside.

Of course, it should be noted that all these indicators are often vague and debatable. However, if we notice an individual who fulfils all or most of these criteria in our environment, then we should suspect that we could be dealing with a case of a real mental disorder.



# First aid



First aid that should be given to people who are undergoing a mental health crisis consists of five steps.

- **Assess for risk of suicide or harm:** possessing an elaborate suicide plan, collecting assets for its execution - pills, ropes, weapons, etc., saying goodbye to other people and giving away their belongings are signs of danger
- **Listen nonjudgmentally:** listening with the aim of better understanding the person's life circumstances and psychological state is a key strategy for helping



- **Give reassurance and information:** provide comfort in the form of accepting the person and understanding their feelings, without diminishing the importance of the situation or giving instructions and advice; inform them about the finality of the act of suicide, the transience of the crisis state, and remind them of their loved ones who will remain behind
- **Encourage appropriate professional help:** inform them about potential locations where the person can seek help (crisis centre, hotlines for suicidal people, hospitals, organizations...)

- **Encourage self-help strategies:** remind the person of the ways in which they usually make crisis states easier on themselves, describe their/other people's self-help strategies, postpone any harmful actions and plans (agree with the person to refrain from any dangerous actions for 1 hour, 1 day etc.)

These steps can be followed by any community member who is in contact with someone who potentially has a mental illness. First aid should be provided until the person experiencing a crisis is connected to mental health services and until a care plan is created and implemented.

# Suggestions



The basic premise of all successful relationships is having a positive communicational view of ourselves and our conversational partner. I am all right, and you are all right.

My conversational partner and I are both equally important and equally valuable, and we respect and accept each other as living beings.

Empathic listening is a skill that is always applicable and useful. Really listening and hearing what the person has to say to us and thinking through about how they feel about the situation they found themselves in is all that is required in order to establish a trusting relationship.



# Accommodation



## Organizational accommodation:

To make your ad and work materials readable and understandable for people with specific learning disabilities, such as dysgraphia, dyslexia and dyscalculia, make sure you find specific guidelines for adapting written content for these forms of disabilities online and utilize them in creating the text of your ad. Some of the basic guidelines are: a larger font that has a simple design, underlining key information, bigger spacing between words and lines, etc.

Make your programme and work materials available online as well, if possible. The person is not obliged to share information about their own mental health with you, but if you notice any of the above-mentioned behaviors, be considerate and supportive. Be flexible in your teaching approach and ensure that most tasks and activities are voluntary. That is, it is not necessary for a person to be exposed to psychologically challenging situations in order to achieve learning outcomes.

In general, spatial and technical accommodation is not anticipated; however, it would be best to establish open and supportive communication with the participant and listen to their feedback.



# Teaching methods and techniques



Participants with mental health problems probably won't need you to make any special adjustments to your explanations, but be sure to check it with them. Be open to feedback from your participants.



# Participants

**Split into smaller groups. Let each group choose one category of mental and behavioural disorders and study its characteristics in more detail. Then, put an imaginary person with an illness from that category in the context of informal education: an oil painting course.**





**What are your expectations from the person (who has been given a diagnosis from the spectrum of mental and behavioural disorders) with regard to their adaptation to the conditions under which the course is being conducted?**

**What are the challenges you might encounter when teaching that person? Clarify!**







# Addendum: Workshop exercises

## Imagine If...



**Required materials:** :2 scenarios, a group of people

**Instructions:** The activity leader will recount one scenario at a time, evoking the atmosphere of the story. When the activity leader finishes reading the scenario, the participants will share their own impression of the story. After that, the leader will guide them through questions to explore their thoughts, emotions and in impressions in relation to a particular story.

## Scenario no. 1:

Imagine that you have to sweep all the leaves under an old linden tree in the middle of the park. The weather is nice and sunny, and there is a light breeze blowing. However, grey clouds gradually start rolling in, and the breeze you were enjoying is turning into a strong wind that hinders your work.

Leaves start flying everywhere, and even the bag you need to put the leaves in can't stay put. In the distance you can hear the roll of thunder, so you hurry to collect the leaves before the rain starts to fall.

But the leaves are still everywhere, and the wind is now blowing from every which way. Just when you thought you were making some progress, you look around and it looks like you didn't even do anything. In fact, it looks even worse, and the bag you were using to collect the leaves in has tipped over and is flying around. A heavy downpour starts to fall, and eventually hail...



## Scenario no. 2:

Imagine that you are at work and you are performing your regular tasks, as usual. Around ten o'clock, your boss comes by and brings you an EU project application tender, to which you need to apply within a month. You are a little panicked, but you feel that you are in control of the situation and that you will be able to do it if you put in extra effort.

Thinking to yourself, you decided that you will put all your current tasks on the back burner.

However, your boss is requiring that the work should keep running smoothly and that regular tasks should be performed without interruption, in addition to the task of drafting a new project proposal. He also informs you that the start date of the training you previously applied for has been announced and expects you to attend it.

Of course, the training starts next week already and will last 5 full days. In addition to receiving news about the training, you just received a call from your child's kindergarten: the kindergarten teacher informs you that

your child has a high temperature  
and that she thinks that your child  
has chicken pox.

When you arrive home, you come  
across an unpleasant surprise: a  
pipe burst in the city, so the entire  
neighbourhood was left without  
heating and water.

You are home alone with your child,  
without heating and water, and your  
partner informs you that they will be  
staying behind for a business dinner  
with colleagues.





## Questions:

- How did that make you feel?
- What thoughts were going through your head as the negative situations in the story unfolded?
- Can you name the emotions that you, as the main actor in the scenario, felt?
- Have you felt the urge to run away from the situation or give up on the task?
- Have you come up with any ideas to resolve your problems more successfully?
- What do you need to feel better?

**Additional options:** Ask the participants to describe their experiences in similar situations.

## Purpose of the exercise:

Most mental and behavioural disorders involve the feeling of suffering. The purpose of those designed scenarios was to invite the reader/listener to imagine themselves being in that state. It's important to keep in mind that a person with a mental disorder has to put in a lot of extra effort to deal with almost all of life's situations, even the ordinary ones. Each of us has experienced a situation like the one from the scenario. For us, they are an exception. However, for people with mental problems, this feeling is part of their everyday life.





# Dig In:

## Mental and behavioural disorders



Eunad: Guidelines - Mental Disability



WHO: WHO's Science in 5: Mental  
Health - 1 July 2022



Still Alice  
(2014)