



Introduction to Mental Health

ISHMAEL GUMBO

Introduction to Mental Health and Psychiatry

- ▶ Introduces the subject area of mental health and psychiatry.
- ▶ Sets the foundation for understanding the human mind, emotions, and behavior.
- ▶ Mental health is integral to overall health and well-being.
- ▶ Psychiatry provides medical approaches to mental health.
- ▶ This course links theory to practice in clinical and community settings.
- ▶ Understanding these concepts prepares students for diagnosis and treatment.

What is Mental Health?

- ▶ WHO (2022): “A state of well-being in which the individual realizes his/her abilities, can cope with the normal stresses of life, can work productively, and contribute to the community.”
- ▶ Mental health = more than absence of mental illness.
- ▶ Involves the ability to cope with normal life stresses.
- ▶ Enables productive work and contribution to society.
- ▶ Goes beyond absence of mental illness—focuses on *positive well-being*.
- ▶ Includes emotional, cognitive, and social balance.
- ▶ Essential for human growth, learning, and productivity.

Dimensions of Mental Health

- ▶ **Emotional well-being:** resilience, ability to handle stress, balanced emotions.
- ▶ **Cognitive health:** clear thinking, memory, problem-solving.
- ▶ **Social well-being:** building relationships, community integration.
- ▶ **Spiritual well-being** (in many cultures): sense of meaning and purpose.
- ▶ Each dimension interacts to maintain holistic mental health.
- ▶ Deficits in one area often affect the others.

Importance of Mental Health

- ▶ Globally, 1 in 4 people will experience a mental disorder.
- ▶ Mental health influences physical health (e.g., depression ↑ heart disease).
- ▶ Poor mental health reduces productivity and quality of life.
- ▶ Strong mental health promotes resilience and coping.
- ▶ Mental health is now part of SDG 3 (Good Health & Well-being).
- ▶ Investment in mental health = stronger families, communities, economies.

Factors Influencing Mental Health

- ▶ **Biological:** genetics, neurotransmitters, medical conditions.
- ▶ **Psychological:** coping skills, trauma history, personality.
- ▶ **Social:** poverty, unemployment, stigma, isolation.
- ▶ **Cultural:** beliefs about illness, healing practices.
- ▶ **Environmental:** wars, disasters, substance abuse availability.
- ▶ Interaction of these factors determines mental well-being or illness.

What is Psychiatry?

- ▶ Psychiatry = medical specialty concerned with mental disorders.
- ▶ Focuses on assessment, diagnosis, treatment, prevention, rehabilitation.
- ▶ Uses both physical (brain/biology) and psychological perspectives.
- ▶ Can prescribe medication and use psychotherapy.
- ▶ Works closely with other health professions.
- ▶ Provides leadership in managing severe mental illnesses.

Psychiatry vs Psychology

- ▶ **Psychiatry:** medical degree, prescribes medication.
- ▶ **Psychology:** behavioral science, therapy, assessments.
- ▶ Psychiatry treats severe disorders (e.g., schizophrenia, bipolar).
- ▶ Psychology addresses counseling, therapy, and behavior modification.
- ▶ Both fields complement each other in patient care.
- ▶ Collaboration improves treatment outcomes.

The Role of Psychiatry in Mental Health

- ▶ Helps understand biological, psychological, and social causes.
- ▶ Provides diagnosis and classification of disorders.
- ▶ Prescribes psychotropic drugs when needed.
- ▶ Uses psychotherapy and counseling techniques.
- ▶ Manages crises such as suicide prevention.
- ▶ Coordinates multidisciplinary mental health teams.

Historical Background

1. Ancient Views of Mental Health

- ▶ Mental illness seen as demonic possession or punishment.
- ▶ Early societies used spiritual healers, rituals, and sacrifices.
- ▶ Treatments included trephination (drilling skulls).
- ▶ Shamans or priests served as healers.
- ▶ Stigma and fear surrounded mental illness.
- ▶ Many cultures linked mental illness to supernatural forces.

2. Early Medical Views

- ▶ Hippocrates (460–377 BC) introduced natural causes.
- ▶ Proposed the *humoral theory* (imbalance of body fluids).
- ▶ Suggested brain is central to emotions and thought.
- ▶ Recommended diet, rest, and environment as treatment.
- ▶ Reduced reliance on spiritual explanations.
- ▶ First shift to scientific thinking in psychiatry.

3. Middle Ages

- ▶ Return to religious/supernatural explanations.
- ▶ Mentally ill accused of witchcraft or possession.
- ▶ Inhumane treatments—exorcisms, imprisonment.
- ▶ “Mad houses” established but conditions were poor.
- ▶ Mental illness associated with sin and moral weakness.
- ▶ Period of stigma and neglect.

4. Renaissance

- ▶ Rise of *humanism* (valuing human dignity).
- ▶ First hospitals for mentally ill established.
- ▶ Some reformers advocated humane care.
- ▶ Still widespread use of isolation and restraint.
- ▶ Renewed interest in science and medicine.
- ▶ Marked beginning of psychiatric institutions.

5. 18th & 19th Century Reforms

- ▶ Philippe Pinel: freed patients from chains in France.
- ▶ Advocated “moral treatment” and humane care.
- ▶ William Tuke (England): founded York Retreat with compassionate care.
- ▶ Emil Kraepelin: scientific classification of mental disorders.
- ▶ Sigmund Freud: developed psychoanalysis.
- ▶ Psychiatry became a distinct medical field.

20th Century Developments

- ▶ Discovery of psychotropic drugs (1950s).
- ▶ Antipsychotics reduced symptoms of schizophrenia.
- ▶ Antidepressants improved depression outcomes.
- ▶ Shift from asylums to community psychiatry (deinstitutionalization).
- ▶ Growth of psychotherapy (CBT, family therapy).
- ▶ Research in genetics, brain imaging, and neuroscience advanced psychiatry.

Psychiatry in Africa

- ▶ Traditional healers were primary mental health providers.
- ▶ Explanations often linked to spirits, curses, or ancestors.
- ▶ Colonial powers introduced asylums (custodial, not therapeutic).
- ▶ Post-independence: attempts at integration into health systems.
- ▶ Modern Africa: still low psychiatrist-to-population ratio.
- ▶ Ongoing challenges: stigma, underfunding, limited awareness.

Modern Psychiatry

- ▶ Uses biopsychosocial model (holistic).
- ▶ Emphasizes evidence-based care.
- ▶ Combines drugs, therapy, and social support.
- ▶ Promotes integration into primary health care.
- ▶ Multidisciplinary teams: psychiatrists, nurses, psychologists, social workers.
- ▶ Increasing focus on prevention and community-based interventions.

Normality vs Abnormality

Normality

- ▶ Patterns of behavior consistent with cultural and social expectations.
- ▶ Involves ability to function in society.
- ▶ Emotional balance and resilience.
- ▶ Ability to adapt to challenges.
- ▶ No significant impairment in functioning.
- ▶ Definition varies by culture and time.

Models of Normality

- ▶ **Statistical model:** normal = within average range.
- ▶ **Social norm model:** normal = follows cultural rules.
- ▶ **Medical model:** normal = absence of mental illness.
- ▶ **Psychological model:** normal = adaptive functioning.
- ▶ Models overlap; no single definition suffices.
- ▶ Helps guide clinicians in practice.

Abnormality

- ▶ Deviation from expected patterns of behavior.
- ▶ May involve strange thoughts, emotions, or actions.
- ▶ Often causes distress to the person or others.
- ▶ Leads to dysfunction in work, relationships, or self-care.
- ▶ May pose danger (self-harm, violence).
- ▶ Identified by combination of factors, not one alone.

The 4 D's of Abnormality

- ▶ **Deviance:** departure from social norms.
- ▶ **Distress:** suffering or discomfort.
- ▶ **Dysfunction:** inability to fulfill roles.
- ▶ **Danger:** risk to self or others.
- ▶ Framework for assessment of mental disorders.
- ▶ Not all must be present to define abnormality.

Cultural Perspective

- ▶ Culture shapes definition of mental illness.
- ▶ What is abnormal in one culture may be normal in another.
- ▶ Example: visions/voices may be spiritual in Africa, pathological in the West.
- ▶ Culture determines help-seeking behavior.
- ▶ Stigma influenced by cultural beliefs.
- ▶ Clinicians must consider cultural background in diagnosis.

Terminologies

Key Clinical Terms

- ▶ **Symptom:** patient's subjective complaint.
- ▶ **Sign:** objective observation by clinician.
- ▶ **Syndrome:** cluster of symptoms that occur together.
- ▶ **Disorder:** clinically significant dysfunction.
- ▶ Distinguishing these is vital for diagnosis.
- ▶ Standardized language aids communication.

Psychosis vs Neurosis

- ▶ **Psychosis:** loss of contact with reality.
- ▶ Symptoms: hallucinations, delusions, disorganized thought.
- ▶ Impairs functioning severely.
- ▶ **Neurosis:** anxiety, depression, phobias.
- ▶ Reality testing intact in neurosis.
- ▶ Both require treatment, but severity differs.

Additional Terms

- ▶ **Insight:** awareness of illness.
- ▶ **Judgment:** decision-making ability.
- ▶ **Cognition:** thinking, memory, orientation.
- ▶ **Remission:** improvement of symptoms.
- ▶ **Relapse:** return of symptoms after improvement.
- ▶ **Comorbidity:** co-existence of two or more disorders.

Theories of Aetiology

Biological Factors

- ▶ Genetics and family history.
- ▶ Neurotransmitter imbalances (dopamine, serotonin).
- ▶ Brain structure abnormalities (e.g., schizophrenia).
- ▶ Hormonal and endocrine disorders.
- ▶ Chronic illnesses like HIV, epilepsy.
- ▶ Substance abuse effects on the brain.

Psychological Factors

- ▶ **Psychoanalytic theory:** unconscious conflicts (Freud).
- ▶ **Behavioral theory:** learned behaviors (conditioning).
- ▶ **Cognitive theory:** faulty thinking patterns.
- ▶ Personality traits may predispose illness.
- ▶ Resilience vs vulnerability to stress.
- ▶ Childhood experiences shape later mental health.

Social Factors

- ▶ Poverty and unemployment.
- ▶ Violence, war, or displacement.
- ▶ Dysfunctional family environments.
- ▶ Peer influence and substance use.
- ▶ Cultural stigma and discrimination.
- ▶ Social support systems can protect or harm.

Biopsychosocial Model

- ▶ Recognizes interplay of biological, psychological, social factors.
- ▶ Holistic approach to diagnosis and treatment.
- ▶ Most widely accepted model today.
- ▶ Guides management (drugs, therapy, community care).
- ▶ Helps prevent oversimplification of mental illness.
- ▶ Forms the basis of modern psychiatry.

Classification

ICD vs DSM

- ▶ **ICD-11**: by WHO, used internationally.
- ▶ **DSM-5**: by APA, widely used in research.
- ▶ Both provide standardized diagnostic criteria.
- ▶ ICD is more global; DSM more detailed.
- ▶ Ensure consistency across clinicians.
- ▶ Facilitate research and treatment guidelines.

Major Categories of Disorders

- ▶ Organic mental disorders (delirium, dementia).
- ▶ Schizophrenia and psychotic disorders.
- ▶ Mood (affective) disorders.
- ▶ Anxiety and stress-related disorders.
- ▶ Substance use disorders.
- ▶ Personality disorders and intellectual disabilities.

