Addiction

Addiction is a complex condition, a brain disease that is manifested by compulsive substance use despite harmful consequence. People with addiction (severe substance use disorder) have an intense focus on using a certain substance(s), such as alcohol or drugs, to the point that it takes over their life.

Symptoms of substance use disorder are grouped into four categories:

- Impaired control: a craving or strong urge to use the substance; desire or failed attempts to cut down or control substance use
- Social problems: substance use causes failure to complete major tasks at work, school or home; social, work or leisure activities are given up or cut back because of substance use
- Risky use: substance is used in risky settings; continued use despite known problems
- Drug effects: tolerance (need for larger amounts to get the same effect); withdrawal symptoms (different for each substance)

Anxiety Disorder

Anxiety is a normal reaction to stress and can be beneficial in some situations. It can alert us to dangers and help us prepare and pay attention.

Anxiety disorders differ from normal feelings of nervousness or anxiousness and involve excessive fear or anxiety. Anxiety disorders are the most common of mental disorders and affect more than 25 million Americans. In general, for a person to be diagnosed with an anxiety disorder, the fear or anxiety must be out of proportion to the situation or age inappropriate and hinder one’s ability to function normally.

Attention-deficit/hyperactivity disorder (ADHD)

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common mental disorders affecting children. ADHD also affects many adults. Symptoms of ADHD include inattention (not being able to keep focus), hyperactivity (excess movement that is not fitting to the setting) and impulsivity (hasty acts that occur in the moment without thought).
Bipolar Disorders

Bipolar disorders are brain disorders that cause changes in a person’s mood, energy and ability to function. Bipolar disorder is a category that includes three different conditions—bipolar I, bipolar II and cyclothymic disorder.

Bipolar I disorder can cause dramatic mood swings. During a manic episode, people with bipolar I disorder may feel high and on top of the world, or uncomfortably irritable and “revved up.” During a depressive episode they may feel sad and hopeless. There are often periods of normal moods in between these episodes. Bipolar I disorder is diagnosed when a person has a manic episode.

Depression

Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel, the way you think and how you act. Depression causes feelings of sadness and/or a loss of interest in activities once enjoyed. It can lead to a variety of emotional and physical problems and can decrease a person’s ability to function at work and at home.

Depression symptoms can vary from mild to severe and can include:

- Feeling sad or having a depressed mood
- Loss of interest or pleasure in activities once enjoyed
- Changes in appetite — weight loss or gain unrelated to dieting
- Trouble sleeping or sleeping too much
- Loss of energy or increased fatigue
- Increase in purposeless physical activity (e.g., hand-wringing or pacing) or slowed movements and speech (actions observable by others)
- Feeling worthless or guilty
- Difficulty thinking, concentrating or making decisions
- Thoughts of death or suicide
Disruptive Disorders

Disruptive, impulse-control and conduct disorders refer to a group of disorders that include oppositional defiant disorder, conduct disorder, intermittent explosive disorder, kleptomania and pyromania. These disorders can cause people to behave angrily or aggressively toward people or property. They may have difficulty controlling their emotions and behavior and may break rules or laws. One difference between conduct disorders and many other mental health conditions is that with conduct disorders, a person’s distress is focused outward and directly affects other people. With most other mental health conditions, such as depression and anxiety, a person’s distress is generally directed inward toward themselves.

The angry, aggressive or disruptive behaviors of people with conduct and disruptive disorders are more extreme than typical behaviors. The behaviors are frequent, long lasting, occur across different situations and cause significant problems.

Eating Disorders

Eating disorders are illnesses in which the people experience severe disturbances in their eating behaviors and related thoughts and emotions. People with eating disorders typically become pre-occupied with food and their body weight.

People with anorexia nervosa and bulimia nervosa tend to be perfectionists with low self-esteem and are extremely critical of themselves and their bodies. They usually “feel fat” and see themselves as overweight, sometimes even despite life-threatening semi-starvation (or malnutrition). An intense fear of gaining weight and of being fat may become all-pervasive. In early stages of these disorders, patients often deny that they have a problem. In many cases, eating disorders occur together with other psychiatric disorders like anxiety, panic, obsessive compulsive disorder and alcohol and drug abuse problems.
Obsessive Compulsive Disorder

Obsessive-compulsive disorder (OCD) is an anxiety disorder in which people have recurring, unwanted thoughts, ideas or sensations (obsessions) that make them feel driven to do something repetitively (compulsions). The repetitive behaviors, such as hand washing, checking on things, or cleaning, can significantly interfere with a person’s daily activities and social interactions.

Personality Disorders

There are 10 specific types of personality disorders (such as borderline personality disorder). Common to all personality disorders is a long-term pattern of behavior and inner experience that differs significantly from what is expected. The pattern of experience and behavior begins by late adolescence or early adulthood and causes distress or problems in functioning. Without treatment, the behavior and experience is inflexible and usually long-lasting. The pattern is seen in at least two of these areas:

- Way of thinking about oneself and others
- Way of responding emotionally
- Way of relating to other people
- Way of controlling one’s behavior

Postpartum Depression

For most women, having a baby is a very exciting, joyous, and often anxious time. But for women with postpartum, or peripartum, depression it can become very distressing and difficult. Postpartum depression is a serious, but treatable medical illness involving feelings of extreme sadness, indifference and/or anxiety, as well as changes in energy, sleep, and appetite. It carries risks for the mother and child. Women can also experience depression during pregnancy. Peripartum depression refers to depression occurring during pregnancy or after childbirth. The use of the term peripartum recognizes that depression associated with having a baby often begins during pregnancy.
**Post-Traumatic Stress Disorder (PTSD)**

Posttraumatic Stress Disorder (PTSD) is a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, rape or other violent personal assault. People with PTSD continue to have intense, disturbing thoughts and feelings related to their experience that last long after the traumatic event has ended. They may relive the event through flashbacks or nightmares; they may feel sadness, fear or anger; and they may feel detached or estranged from other people.

**Schizophrenia**

Schizophrenia is a chronic brain disorder that affects about one percent of the population. When schizophrenia is active, symptoms can include delusions, hallucinations, trouble with thinking and concentration, and lack of motivation and can be characterized by episodes in which the patient is unable to distinguish between real and unreal experiences.

Source: The Blue Dove Foundation Mental Health Toolkit Prototype.