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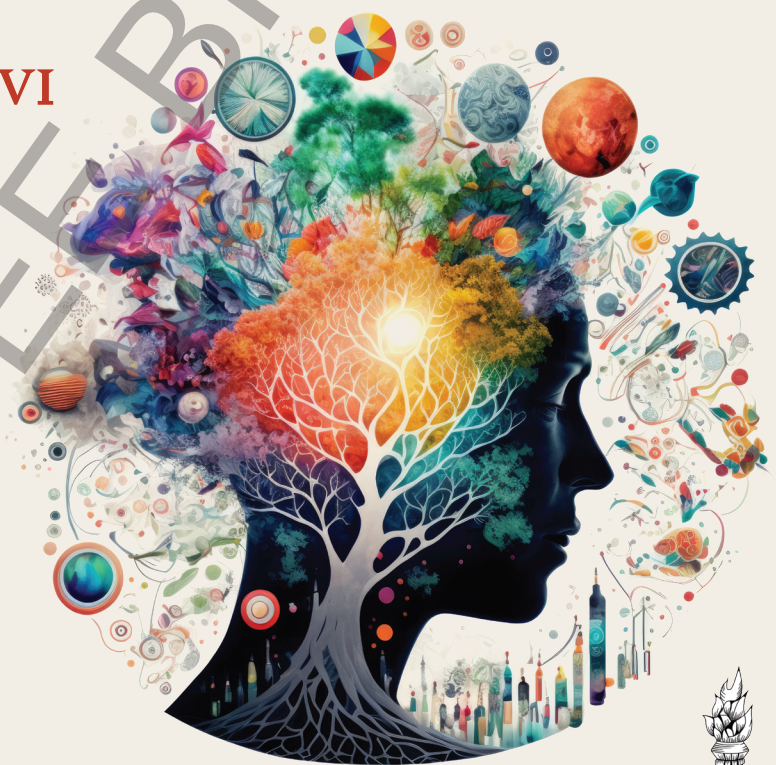
3rd Edition

Essentials of Mental Health NURSING

As per the Revised INC Syllabus for BSc Nursing

Includes Modules and OSCEs

Semester V & VI





Pawan Kumar Sharma

JAYPEE

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Contents

1. Introduction 1
Perspectives of Mental Health and Mental Health Nursing *1*
Evolution of Mental Health Services, Treatments, and Nursing Practices *3*
Psychiatry in India *5*
Prevalence and Incidence of Mental Health Problems and Disorders *7*
Prevalence of Specific Diseases *12*
Mental Health ACT *17*
Mental Health Team *18*
Nature and Scope of Mental Health Nursing *20*
Role and Functions of Mental Health Nurse in Various Settings *23*
Concepts of Normal and Abnormal Behaviors *25*

2. Principles and Concepts of Mental Health Nursing 29
Mental Health Nursing *29*
Classification of Mental Disorders: ICD *45*
Classification of Mental Disorders According to ICD-11 *46*
DSM-V Classification *139*
Review of Personality Development and Defense Mechanisms *151*
Defense Mechanisms/Coping Mechanisms *156*
Maladaptive Behavior of Individuals and Groups: Stress, Crisis, and Disaster *157*
Etiology of Mental Disorders *158*
Review of Structure and Function of Brain, Limbic System, and
Abnormal Neurotransmission *159*
Description *161*
Principles of Mental Health Nursing *167*
Standards of Mental Health Nursing *168*
Ethics and Responsibilities *171*

3 Mental Health Assessment 179
Psychiatric History Taking *179*
Mental Status Examination *184*
Mini-Mental Status Examination *191*
Neurological Examination *194*
Laboratory Tests in Psychiatry *199*

4. Therapeutic Communication and Nurse–Patient Relationship 207
Communication *207*
Interpersonal Relationship *216*
Elements of Nurse-Patient Relationship *217*
Therapeutic Nurse-Patient Relationship *218*
Johari Window *221*
Therapeutic Impasses/Obstacles in Therapeutic Relationship *223*

5. Treatment Modalities and Therapies Used in Mental Disorders 227
Psychopharmacology *227*
Electroconvulsive Therapy *250*
Nursing Responsibilities Before, During and After ECT *253*
Psychological Therapies *254*

JAYPEE BROTHERS

Individual Psychotherapy *257*
Cognitive Psychotherapy *260*
Supportive Psychotherapy *261*
Behavior Therapy *264*
Family Therapy *267*
Group Therapy *269*
Play Therapy *274*
Music Therapy *279*
Psychodrama *279*
Light Therapy *281*
Recreational Therapy *282*
Movement/Dance Therapy *283*
Occupational Therapy *285*
Yoga Therapy *289*
Meditation *291*
Biofeedback *292*
Therapeutic Community *293*
Alternative System of Medicine *295*
Consideration for Special Population *300*

6. Nursing Management of Patient with Schizophrenia and Other Psychotic Disorders **307**
Schizophrenia *307*
Prevalence and Incidence *308*
ICD-11 Diagnostic Criteria and Classification of Schizophrenia *308*
Schizoaffective Disorder *328*
Schizophreniform Disorder *332*
Delusional Disorder *333*
Geriatric Considerations and Consideration for Special Population *338*

7. Nursing Management of Patient with Mood Disorders **343**
ICD-11 Classification of Mood Disorders *343*
According to DSM-V *356*
Dysthymic Disorder *366*
Cyclothymic Disorder *368*
Treatment Modalities for Bipolar Disorder *371*
Geriatric Consideration/Consideration for Special Population *377*
Follow-up, Home Care and Rehabilitation *380*

8 Nursing Management of Patient with Neurotic, Stress-related and Somatization Disorders **383**
Prevalence and Incidence of Neurosis and Stress-related Disorders *383*
Classification of Neurotic, Stress-related and Somatization Disorders According to ICD-11 *384*
Anxiety Disorders *389*
Separation Anxiety Disorder *395*
Suicidal Risk *397*
Panic Disorder *398*
Generalized Anxiety Disorder *402*
Obsessive-Compulsive Disorder *407*
Phobia *416*
Somatoform Disorders *422*
Conversion Disorder *423*
Hypochondriasis *424*
Body Dysmorphic Disorder *424*

JAYPEE BROTHERS

Pain Disorder *425*
Dissociative Disorders *428*
Post-Traumatic Stress Disorder *431*
Geriatric Consideration/Consideration for Special Population *432*
Follow-up, Home Care and Rehabilitation *434*

9. Nursing Management of Patient with Substance Use Disorders 438
Prevalence and Incidence *438*
Opioids-related Disorders *447*
Sedative Hypnotic-related Disorders *449*
Nicotine-related Disorders *450*
Cannabis-related Disorders *450*
Cocaine and Other Stimulants *451*
Multiple Substance Withdrawal *451*
Treatment and Management of Substance Use Disorders *451*
Long-term Treatment for Alcohol Dependence *452*
Long-term Treatment for Opiate Dependence *453*
Refusal Skills *456*
Maintenance Therapy *457*
Maintenance Therapy in Other Substance Use Disorders *458*
Special Consideration for Vulnerable Population *460*
Follow-Up, Home Care and Rehabilitation *462*

10. Nursing Management of Patient with Personality and Sexual Disorders 467
Personality Disorders *467*
Paranoid Personality Disorder *469*
Schizoid Personality Disorder *470*
Schizotypal Personality Disorder *471*
Antisocial Personality Disorder *472*
Borderline Personality Disorder *473*
Histrionic Personality Disorder *474*
Narcissistic Personality Disorder *475*
Avoidant Personality Disorder *475*
Dependent Personality Disorder *476*
Obsessive-Compulsive Personality Disorder *477*
Sexual Disorders *478*
Geriatric Consideration of Patient with Personality Disorders *481*
Geriatric Consideration of Patient with Sexual Disorders *482*
Follow-up, Home Care and Rehabilitation *483*

11. Nursing Management of Behavioral and Emotional Disorders Occurring During Childhood and Adolescence 486
Neurodevelopmental Disorders *486*
Mental Retardation *496*
Learning Disorders *502*
Pervasive Developmental Disorders *506*
Habit Disorders *509*
Elimination Disorders *514*
Feeding and Eating Disorders *516*
Attention-Deficit and Disruptive Behavior Disorders *520*
Follow-Up, Home Care and Rehabilitation *528*

12. Nursing Management of Organic Brain Disorders 533
Prevalence and Incidence *533*
Classification According to DSM-V *534*
Classification According to ICD-11 *534*

JAYPEE BROTHERS

Delirium *536*
Dementia *539*
Follow-up, Home Care and Rehabilitation *551*

13. Psychiatric Emergencies and Crisis Intervention **554**
Types of Psychiatric Emergencies and Their Management *554*
Common Psychiatric Emergencies *556*
Stress Adaptation Model: Stress and Stressor, Coping Resources and Mechanism *566*
Grief: Theories of Grieving Process, Principles, Techniques of Counseling *569*
Principles of Counseling *570*
Maladaptive Behavior of Individual and Groups, Stress, Crisis and Disaster *573*

14. Legal Issues in Mental Health Nursing **581**
Need for Mental Health Legislation *581*
Indian Lunacy ACT, 1912 (IIa) *581*
Mental Health ACT, 1987 *582*
Protection of Child from Sexual Offences (POCSO) ACT, 2012 *584*
Mental Healthcare ACT, 2017 *589*
Criminal Responsibilities Related to Patient *599*
Civil Responsibility *600*
Legal Issues in Psychiatric Nursing Practice *601*
Forensic Psychiatry and Nursing *604*
Narcotic Drugs and Psychotropic Substances ACT, 1985 (NDPS ACT) *605*

15. Community Mental Health Nursing **611**
Development of Community Mental Health Services in India *611*
National Mental Health Policy Viz. National Health Policy *612*
National Mental Health Programme *616*
Institutionalization Versus Deinstitutionalization *619*
Models of Preventive Psychiatry *619*
Mental Health Nursing Issues for Special Populations *624*

Suggested Reading **633**

Elective Modules **637**
Cognitive Behavior Therapy *637*
Personality Development *637*
Addiction Psychiatry *637*
Developmental Psychology *637*

Objective Structured Clinical Examination **639**
OSCE Station 1: Oral Medication Administration *639*
OSCE Station 2: Orthostatic Hypotension Measurement *640*
Station 3: Young Mania Rating Scale *641*
Station 4: Mini Mental Status Examination *643*
Station 5: Mental Status Examination *644*

Index *645*

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CHAPTER

2

Principles and Concepts of Mental Health Nursing

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CHAPTER OUTLINE

- *Definition:* Mental health nursing and terminology used
- *Classification of mental disorders:* ICD-11 and DSM-5, Geropsychiatry manual classification
- Review of personality development, defense mechanisms
- Etiology bio-psycho-social factors
- *Psychopathology of mental disorders*
- Review of structure and function of brain, limbic system and abnormal neurotransmission
- Principles of mental health nursing
- Ethics and responsibilities
- Practice standards for psychiatric mental health nursing (INC standards)
- Conceptual models and the role of nurse:
  - Existential model
  - Psychoanalytical models
  - Behavioral model
  - Interpersonal model
  - Preventive psychiatry and rehabilitation

MENTAL HEALTH NURSING

Nursing or care for the ill has existed since the beginning of the civilization. Before 1860, psychiatric care was confined only to custodial care of mentally ill. Nursing as a profession began to emerge in the late 19th century and by 20th it has evolved into various specialties with unique functions and roles.

Definition

International council of nurses defines "mental health nursing is the nursing specialty that promotes mental health, prevents mental illness, and provides care, treatment and rehabilitation for people with mental health problems across settings and the life span."

The ICN guidelines frame the role broadly—from health promotion and prevention to specialist clinical care, policy, education and advocacy.

Psychiatric nursing is an interpersonal process that promotes and maintains patient's behavior that contributes to integrated functioning. The patient may be an individual, family, group, organization or community.

According to American Nurses Association (ANA) "psychiatric nursing is a specialized area of nursing practice, employing wide range of explanatory theories of human behavior as its science and purposeful use of self as its art".

So a psychiatric nurse while dealing with clients uses her/his knowledge from biophysical, psychosocial sciences, theories of human behavior and personality to determine the nursing intervention. Psychiatric nursing also deals with promotion of mental health, prevention of mental illness and rehabilitation of mentally ill client.

Symptoms in Psychiatry

"We are what we think. All that we are arises with our thoughts. With our thoughts, we make the world"

—Gautam Buddha

Disorders of Thought

Thinking is the mental process of organizing and using information from the environment and memory. It helps a person understand situations, solve problems, make decisions, plan, imagine, and respond appropriately.

Normal Thinking

Thinking is the mental process of using the mind to understand, learn, solve problems, make decisions, plan, imagine, and create new ideas

Normal thinking enables a person to:
- Understand and interpret information
- Solve problems
- Make decisions
- Plan for the future
- Imagine and create ideas
- Judge situations
- Learn from experience

Ideas

Ideas are the basic contents of thought. They may arise from:
- Perception and experiences
- Past memories
- Emotions and mood
- Spontaneous thoughts

Example:
- Seeing a patient with a fever may make a nurse think about possible infections.
- Remembering a previous clinical experience may help in caring for a similar patient

Types of Ideas

Ego-syntonic ideas: Thoughts that are acceptable to the person and consistent with their beliefs, values, and self-image.

Ego-dystonic or ego-alien ideas: Unwanted or disturbing thoughts that are inconsistent with the person's beliefs, values, or personality.

Abstract Thinking

Abstract thinking is the ability to understand concepts, relationships, symbols, hidden meanings, and possibilities beyond the literal meaning.

Characteristics

- Understands concepts, symbols, and similarities
- Uses reasoning and logic
- Considers future possibilities and alternative solutions
- Understands proverbs, idioms, and implied meanings

Example: "A stitch in time saves nine" means that solving a problem early prevents it from becoming worse.

Clinical importance: Abstract thinking helps nurses make clinical decisions, solve problems, and understand patients from different perspectives.

Concrete Thinking

Concrete thinking is difficulty in thinking beyond the obvious or literal meaning.

Characteristics

- Interprets statements literally
- Has difficulty understanding abstract ideas
- Cannot easily identify similarities
- May show rigid or all-or-none thinking
- Has difficulty solving complex problems

Example: "Do not cry over spilled milk."
- Concrete response: "Someone spilled milk."
- Abstract response: "Do not worry about something that cannot be changed."

Types of Thinking According to Fish

Fantasy Thinking

Also called **dereistic or autistic thinking**. It is based mainly on imagination without adequate consideration of reality.

Example: A student who has not studied imagines that the examination will be cancelled.

Occasional fantasy thinking is normal, but excessive fantasy may interfere with real-life functioning.

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Imaginative Thinking

Imaginative thinking combines creativity with reality. It produces new ideas that are realistic and achievable.

Example: A nursing student uses posters, videos, and role-play to improve patient education.

Rational Thinking

Also called **conceptual or logical thinking**. It is based on facts, logic, evidence, and careful analysis.

Example: A nurse assesses a patient with fever, reviews the history and symptoms, and reports the findings based on clinical evidence.

Classification of Disorders of Thought

Thought disorders may affect the flow, control, content, or organization of thinking.

Disorders of the Stream of Thought

A **disorder of thinking** occurs when a person's thoughts become abnormal. The problem may involve **how thoughts flow, what a person thinks, how thoughts are organized, or whether the person feels in control of their own thoughts.**

These affect the speed, flow, and continuity of thinking. Thoughts may be:

- Too rapid
- Too slow
- Suddenly interrupted
- Repetitive

Disorders of Possession or Control of Thought

The person feels that thoughts are not under their own control and may believe that:

- Thoughts are being inserted into the mind
- Thoughts are being removed
- Other people can hear or know their thoughts

Disorders of the Content of Thought

These involve abnormalities in what the person thinks, such as false, irrational, or unusual beliefs.

Disorders of the Form of Thought

These affect the organization and expression of thoughts. Thinking may become:

- Illogical
- Disorganized
- Difficult to follow
- Unconnected

Summary Table

Type of disorder	*What is affected?*	*Examples*
Disorders of the stream of thought	Speed and flow of thinking	Flight of ideas, thought blocking, retardation of thinking
Disorders of the possession of thought	Control over one's own thoughts	Thought insertion, thought withdrawal, thought broadcasting
Disorders of the content of thought	The ideas or beliefs a person has	Delusions, obsessions, phobias, overvalued ideas
Disorders of the form of thought	Organization and logical connection of thoughts	Loosening of associations, tangentiality, circumstantiality, incoherence

Disorders of the Stream of Thought

Flight of Ideas

Flight of ideas is a rapid flow of thoughts in which the person moves quickly from one idea to another. The connections may be based on superficial associations, rhyming words, puns, proverbs, or external stimuli. Although each successive idea may have some understandable connection, the overall goal of thought is poorly maintained.

It is typically seen in **mania** and is often associated with **pressure of speech**, in which the patient speaks rapidly, excessively, and is difficult to interrupt.

In **hypomania**, an "ordered flight of ideas" may occur. The person becomes distracted but can usually return to the main topic. This milder form is sometimes called **prolixity**.

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Example:

Nurse: "Where do you live?"

Patient: "I live in Delhi—Delhi has traffic, traffic lights are red, red roses are beautiful, beauty is in the eye of the beholder..."

Retardation or Slowing of Thinking

Thought retardation is a marked slowing of the thought process. Thinking remains goal-directed, but ideas arise slowly and responses are delayed.

The patient may experience:

- Difficulty in making decisions
- Poor concentration
- Reduced clarity of thought
- Decreased attention
- Subjective memory difficulty

It is commonly seen in **depressive disorders**.

Example:

Nurse: "What did you have for breakfast?"

Patient: "I... think... I had... tea... and bread."

The patient knows the answer but takes an unusually long time to respond.

Circumstantiality

Circumstantiality is a pattern of thinking in which the person gives excessive, unnecessary, and trivial details but eventually reaches the main point.

The goal of thought is not lost, but it is reached through a long and indirect route.

Example:

Nurse: "Where do you live?"

Patient: "I was born in a village. My father was a teacher. Later, we moved to the city, where I completed my studies. Now I live in Jammu."

Circumstantiality may occur in:

- Obsessive or anankastic personality traits
- Intellectual disability
- Some psychiatric disorders
- Epilepsy, as described historically

Tangentiality

Tangentiality is a pattern of thought in which the patient gives an indirect, irrelevant, or loosely related response and does not answer the original question.

Unlike circumstantiality, the patient does not return to the main point.

Example:

Nurse: "Where do you live?"

Patient: "People move from one place to another. Life is a journey. Birds also build nests."

Tangentiality is commonly seen in:

- Schizophrenia
- Other psychotic disorders
- Severe mania

Perseveration

Perseveration is the persistent repetition of a word, idea, or response even after it is no longer appropriate. It interferes with the progress of thinking.

It differs from **verbal stereotypy**, in which the same word or phrase is repeated spontaneously and is unrelated to the situation.

Example:

Nurse: "What is your name?"

Patient: "Ravi."

Nurse: "Where do you live?"

Patient: "Ravi."

Nurse: "How old are you?"

Patient: "Ravi."

Thought Blocking

Thought blocking is the sudden and unexpected interruption of the train of thought, producing a feeling of mental blankness. After a pause, the person may continue the same thought or begin a completely new topic.

It is strongly suggestive of **schizophrenia**, although temporary loss of the train of thought may also occur in severe anxiety or exhaustion.

Example:

Nurse: "How did you come to the hospital?"

Patient: "I was walking towards the bus stop when..."

The patient suddenly stops speaking.

Patient: "My mind has gone blank."

Another example

Patient: "I was walking towards the bus stop when..."

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Pause

Patient: "The weather is very hot today."

Disorders of Possession or Control of Thought

Obsession

An obsession is a recurrent, intrusive, and unwanted thought, image, or impulse that repeatedly enters the mind despite attempts to resist it. The person recognises it as their own thought but considers it irrational, distressing, and inconsistent with their values.

Characteristics

- Recurrent and persistent
- Intrusive and unwanted
- Ego-dystonic
- Difficult to resist
- Causes anxiety or guilt
- Insight is usually preserved

Examples

- Fear of contamination
- Repeated doubt about locking a door
- Unwanted religious, sexual, or aggressive thoughts

Difference between Normal Worry versus Obsession

Normal worry	*Obsession*
Related to real-life problems	Often irrational or excessive
Usually, temporary	Persistent and recurrent
Can usually be controlled	Difficult to resist
Causes mild concern	Causes marked distress
Little effect on functioning	Interferes with daily life

Thought Alienation

Thought alienation is the belief that one's thoughts are controlled or influenced by an external agency. It is commonly associated with schizophrenia.

Thought insertion

The person believes that thoughts have been placed into their mind by an outside force.

Example: "These thoughts are not mine; someone has put them into my mind."

Thought broadcasting

The person believes that their thoughts are escaping from the mind and can be known or heard by others.

Example: "Everyone can hear what I am thinking."

Thought withdrawal

The person believes that thoughts have been removed from their mind by an external force.

Example: "Someone suddenly took the thought out of my mind."

Disorders of the Content of Thought

Anxiety

Anxiety is an emotional response to an unknown, vague, or internal threat.

Common manifestations

- **Psychological:** Apprehension, poor concentration, fear of losing control
- **Physical:** Tremors, sweating, palpitations, chest tightness, nausea, and dry mouth
- **Behavioral:** Irritability, withdrawal, restlessness, or hyperventilation
- **Perceptual:** Depersonalisation or derealisation

Anxious Foreboding

Anxious foreboding is a feeling that something terrible will happen without knowing the exact cause.

It may occur in:

- Generalized anxiety disorder
- Panic disorder
- Depressive illness

Fear

Fear is a response to a known, definite, and external threat.

Example: Fear of dogs after being bitten by one.

Phobia

A phobia is an excessive and irrational fear of a specific object or situation, leading to avoidance.

Example: Avoiding lifts because of an intense fear of enclosed spaces.

Preoccupation

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Preoccupation is persistent and excessive concern about a particular idea.

Examples include:

- **Body dysmorphic disorder:** Concern about an imagined or minor physical defect
- **Health anxiety:** Persistent belief or fear of having a serious illness

Worry

Worry is repetitive thinking about real-life problems, usually concerning future events. It may be difficult to control but is generally more realistic than an obsession.

Key difference: Obsessions are intrusive and ego-dystonic, whereas worries usually concern daily-life problems.

Guilt

Guilt is excessive concern about an action believed to be wrong or blameworthy.

In severe depression, it may develop into a **delusion of guilt**, in which the person believes they have committed an unforgivable crime or caused major suffering.

Worthlessness

Worthlessness is an exaggerated belief that one is inferior, useless, or without value. It is commonly seen in severe depression.

Magical Thinking

Magical thinking is the belief that unrelated thoughts or actions can influence real events.

Example: A person believes that repeatedly touching a table will prevent harm to a family member.

Ideas of Reference

The person believes that ordinary events, comments, or actions of others have a special personal meaning.

Some insight may be present.

Example: A person feels that strangers are talking about them when they laugh nearby.

Non-delusional Jealousy

Non-delusional jealousy is persistent doubt that a partner may be unfaithful despite lack of evidence. The degree of certainty may fluctuate, and some insight is retained.

Delusion

A delusion is a false, firmly held belief that is not consistent with the person's cultural, educational, or social background and cannot be corrected by logical explanation or evidence.

Main Characteristics

- Held with strong conviction
- Not changed by contrary evidence
- Inconsistent with accepted reality
- May influence emotions and behavior

Kendler et al., (1983) have proposed several poorly correlated dimension or vectors of delusional severity

- **Conviction:** The degree to which the patient is convinced of the reality of delusional beliefs.
- **Extension:** The degree to which the delusional belief involves areas of patient's life
- **Bizarreness:** The degree to which the delusional belief departs culturally determined consensual reality.
- **Disorganization:** The degree to which the delusional belief are internally consistent, logical and systematization.
- **Pressure:** The degree to which the patient is preoccupied and concerned with expressed delusional beliefs.
- **Affective response:** The degree to which the patient's emotions involved with such beliefs.
- **Deviant behavior** resulting from delusion: Patients sometimes, but not always, act on their delusions.

Types and Content of Delusions

Primary Delusions

Primary delusions arise suddenly and cannot be understood as resulting from another psychological experience.

Delusional mood

The person feels that something unusual or significant is happening around them but cannot explain what it is.

Example: "Something important is happening, and it concerns me."

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Sudden delusional idea
A fully formed delusion appears suddenly in the mind without any understandable cause. It is also called an **autochthonous delusion**.

Example: "I suddenly realised that I have been chosen to rule the country."

Delusional perception
A normal perception is given a false and highly personal meaning.

Example: A person sees a red car and believes it is a secret sign that they have been selected for a special mission.

Delusional Misinterpretation
A real event is falsely interpreted according to an already existing delusion.

Example: A patient who believes they are being followed hears a stair creak and concludes that a detective is nearby.

Secondary Delusions
Secondary delusions arise from another abnormal experience, such as:
- Depressed mood
- Hallucinations
- Severe stress
- Other psychotic symptoms

Systematized Delusion

Several connected delusions develop around one central false belief.

Example:

Main belief: "My neighbors want to harm me."

Related beliefs: "They are spying on me, poisoning my food, and have bribed the police."

Non-systematized Delusion

The delusions are unrelated and do not form a logical system.

Example: "I am the President."

"Aliens control the weather."

"My neighbor has stolen my thoughts."

Common Types of Delusions (The Content of Delusions)

Delusion of Persecution
The person falsely believes that they are being harmed, followed, poisoned, cheated, or conspired against.

Example: "My neighbors are trying to poison my food."

Bizarre Delusion
A clearly impossible and culturally inappropriate belief that cannot arise from ordinary life experiences.

Example: "A camera has been placed inside my tooth to photograph my thoughts."

Delusion of Infidelity
Also called **Othello syndrome** or **morbid jealousy**. The person firmly believes that their partner is unfaithful despite lack of evidence.

It may lead to repeated questioning, checking, aggression, or violence.

Example: A person repeatedly searches their spouse's belongings for proof of infidelity.

Delusion of Love
Also called **erotomania** or **de Clérambault syndrome**. The person believes that another person, often of higher status, is in love with them despite no evidence.

Example: A patient believes that a famous actor secretly sends messages of love through television.

Grandiose Delusion
The person has an exaggerated belief about their identity, power, knowledge, ability, or special mission.

Example: "I am God," or "I have discovered the cure for every disease."

It may occur in mania, schizophrenia, and other psychotic disorders.

Hypochondriacal Delusion
The person firmly believes that they have a serious physical illness or bodily abnormality despite medical reassurance.

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Example: "My intestines are rotting," despite normal examination findings.

Olfactory Delusion

The person believes that they are emitting an offensive smell that others can detect.

Example: "Everyone avoids me because my body gives off a foul odor."

Nihilistic Delusion

The person denies the existence of themselves, their body, other people, or the world.

It is commonly associated with severe depression and **Cotard syndrome**.

Example: "I am dead," or "My body no longer exists."

Delusion of Reference

The person believes that ordinary events, gestures, television programmes, or newspaper reports specifically refer to them.

Example: "The newsreader is giving me a secret personal message."

Disorders of the form of Thought

Formal thought disorder refers to abnormal organisation and expression of thought. It is commonly seen in schizophrenia and organic brain disorders.

Loosening of Associations or Derailment

Ideas move from one topic to another with weak, unclear, or absent connections. Speech becomes disjointed and gradually moves away from the original topic.

Example:

"I went to the hospital. Hospitals have beds. Beds are used for sleep. Sleep is like death. Death comes to everyone."

Incoherence or Word Salad

Speech becomes largely incomprehensible because words and phrases are joined without meaningful grammatical or logical connections.

Example: "Blue hospital walking quickly because the table sings tomorrow."

In derailment, the abnormal connection occurs mainly **between sentences**. In incoherence, it occurs **within sentences or clauses**.

Neologism

A neologism is a newly created word whose meaning is understood only by the patient.

Example: "The doctors are using a brainoscope to control me."

A **holophrase** is a single invented word used to express several ideas.

Disorders of Perception

Blessed are they who see beautiful things in humble places where other people see nothing.

—Camille Pissarro

Perception

Perception is the conscious awareness and interpretation of objects or events occurring:

- In the external environment
- Within the body
- Within the mind

Perception is influenced by attention, sensation, learning, memory, motivation, expectation, and previous experience.

Attention

Attention is the process of selecting particular information for conscious awareness.

Stages of Perception

1. **Sensation:** Awareness of sensory stimuli
2. **Sensory percept:** A stimulus is experienced but not yet recognized.
3. **Meaningful percept:** The stimulus is recognized and given meaning.

Example: Seeing a face is a visual sensation; recognising it as a familiar person makes it a meaningful perception.

Disorders of Perception

Disorders of perception are abnormalities in the awareness or interpretation of sensory

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experiences. They may occur in psychiatric or neurological disorders and are classified into:

1. **Sensory distortions**
2. **Sensory deceptions**

Sensory Distortions

In sensory distortion, a real object is present and correctly recognized, but one of its characteristics is perceived abnormally.

Change in Intensity

A stimulus may be perceived as unusually strong or weak.

Examples:

- Ordinary sounds appear excessively loud.
- Normal light appears unusually bright.

Change in Quality

The quality or color of a real object is altered.

Examples:

- **Xanthopsia:** Yellow vision
- **Chloropsia:** Green vision
- **Erythropsia:** Red vision
- Sildenafil may cause bluish vision.

Change in Spatial Form

The size, shape, distance, or position of objects is distorted.

- **Micropsia:** Objects appear smaller.
- **Macropsia or megalopsia:** Objects appear larger.
- **Porropsia:** Objects appear farther away.
- **Hemimicropsia:** Objects in one half of the visual field appear smaller.
- **Metamorphopsia:** Objects appear distorted or altered in shape.
- **Palinopsia:** A visual image persists or reappears after the object has disappeared.

Splitting of Perception

Sensations from different sensory modalities are experienced as separate or conflicting rather than arising from the same source.

Example: While watching television, the patient feels that the picture and sound are coming from different sources and conveying opposite messages.

Sensory Deceptions

Sensory deceptions include **illusions** and **hallucinations**.

Illusion

An illusion is the misinterpretation of a real external stimulus. It is usually corrected when attention is focused on the stimulus.

Illusions may occur in normal individuals, delirium, severe depression, and psychotic disorders.

Types of illusions

1. **Completion illusion:** A **completion illusion** occurs due to **inattention**. The brain automatically fills in missing or incomplete information to create a familiar pattern. For example, people often overlook **printing mistakes** in a newspaper because they read the words as they expect them to appear. This illustrates the **Gestalt principle of closure**.
2. **Affect illusion:** An **affect illusion** occurs when **strong emotions**, such as fear or anxiety, alter perception. For example, a child who is afraid of balloons may mistake a large round object for a balloon and become frightened. The illusion is **temporary** and disappears once the emotional state subsides or attention is focused on the object.
3. **Pareidolia:** It is the perception of **meaningful images or patterns in ordinary objects**, such as seeing faces in clouds or pictures in flames. It occurs because of **vivid imagination and fantasy**, without conscious effort. It is more common in **children** than adults and may also occur in some normal individuals or after the use of **psychomimetic drugs**.

Hallucination

A hallucination is a perception-like experience that:

- Occurs without an external stimulus
- Is experienced as real and vivid

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- Occurs involuntarily
- Cannot be easily controlled

Example: Hearing a voice when no one is speaking.

Pseudohallucination

A pseudohallucination is a vivid perceptual experience recognized as occurring within the mind rather than in external space.

It is often described as an **"as if" experience**.

Hallucinations According to Sensory Modality

Auditory Hallucinations

Auditory hallucinations involve hearing sounds or voices without an external source. They are common in schizophrenia.

Types

- **Elementary hallucinations:** Unformed sounds, such as buzzing, ringing, or noises
- **Musical hallucinations:** Tunes, songs, or musical instruments
- **Complex hallucinations:** Clear words or voices
- **Command hallucinations:** Voices instruct the patient to perform an action
- **Running commentary:** Voices continuously comment on the patient's actions
- **Thought echo:** The patient hears their own thoughts spoken aloud
- **Third-person hallucinations:** Voices discuss or argue about the patient

Example of command hallucination:
A voice tells the patient, "Jump from the window."
Command hallucinations require immediate assessment because they may lead to harm.

Visual Hallucinations

Visual hallucinations involve seeing objects, people, lights, or scenes that are not present. They are commonly associated with organic brain disorders, delirium, epilepsy, and substance-related conditions.

Types

- **Elementary:** Flashes, colors, or simple shapes
- **Formed:** People, animals, or objects
- **Scenic:** Complete scenes, like watching a film
- **Lilliputian:** Tiny people or animals
- **Bereavement-related:** Seeing a deceased loved one

Example: A patient with delirium tremens sees tiny animals moving around the room.

Olfactory Hallucinations

The person smells an odor without an actual source.

They may occur in:

- Temporal lobe epilepsy
- Schizophrenia
- Delirium

Example: Smelling burning rubber when nothing is burning.

Gustatory Hallucinations

The person experiences a taste without any stimulus. They are relatively uncommon.

They may occur in schizophrenia, temporal lobe epilepsy, and organic brain disorders.

Example: A patient believes that food tastes poisonous despite normal food.

Tactile and Somatic Hallucinations

These involve false sensations involving the skin, muscles, joints, or internal organs.

Types

- **Haptic:** False sensation of touch
  - *Example:* Feeling a hand brushing against the skin
- **Thermic:** False sensation of heat or cold
  - *Example:* Feeling cold air blowing over the face
- **Hygric:** Sensation of fluid or moisture
- **Kinaesthetic:** False sensation of limb or muscle movement
  - *Example:* Feeling that the arms are being twisted

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- **Visceral:** False sensations from internal organs
  - *Example:* Feeling that the stomach is being stretched
- **Vestibular:** Sensation of flying, floating, or sinking
- **Formication:** Sensation of insects crawling over or under the skin

Formication may occur in cocaine intoxication and delirium.

Phantom Limb

Phantom limb is the sensation that an amputated or absent limb is still present. The person may experience pain, movement, itching, or tingling in the missing limb.

Hypnagogic and Hypnopompic Hallucinations

- **Hypnagogic hallucinations:** Occur while falling asleep
- **Hypnopompic hallucinations:** Occur while waking up

These may occur in healthy individuals and are not necessarily signs of mental illness.

Sexual Hallucinations

These are false sensations of sexual touching, intercourse, or genital stimulation without an external cause. They are uncommon and may occur in psychotic or neurological disorders.

Motor Disorders

Motor behavior includes coordinated movements used in daily activities and communication. Psychiatric and neurological disorders may produce abnormalities in movement, posture, speech, and behavior.

Classification

1. Disorders of adaptive movements
2. Disorders of non-adaptive movements
3. Disorders of posture
4. Abnormal complex behavior
5. Motor speech disturbances
6. Antipsychotic-induced movement disorders

Disorders of Adaptive Movements

Expressive Movements

These movements reflect mood and mental state through facial expression, gestures, and posture.

- **Depression:** Reduced facial expression and movements; occasionally a patient may smile despite depression, called smiling depression.
- **Anxious or agitated depression:** Restlessness and apprehension.
- **Mania:** Exaggerated, energetic, and dramatic movements.
- **Catatonia:** Stiff, expressionless face with markedly reduced movements.

Reactive Movements

These are automatic responses to new or threatening stimuli.

Abnormalities include:

- Reduced response in catatonia or parkinsonism
- Excessive startle response in severe anxiety

Goal-directed Movements

These are voluntary and purposeful movements.

Psychomotor Retardation

Slowing of thought, speech, and physical activity, commonly seen in depression.

Examples: Taking excessive time to dress, eat, walk, answer questions, or perform self-care.

Motor Blocking or Obstruction

A sudden interruption of an intended movement, often seen in catatonia. It is considered the motor equivalent of thought blocking.

Example: A patient suddenly stops while raising a cup and cannot continue the movement.

Mannerism

An exaggerated, odd, or stylised form of a normal goal-directed movement.

Examples: Repeatedly saluting, walking in an unusual style, or holding the hand like a gun.

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Disorders of Non-adaptive Movements

Spontaneous Movements

Tic

A sudden, rapid, recurrent, non-rhythmic movement or vocalisation. It is often preceded by an urge and can be suppressed briefly.

- **Simple motor tic:** Eye blinking, facial grimacing, shoulder shrugging
- **Complex tic:** Jumping, touching objects, or unusual gestures

Tics usually decrease during sleep.

Tremor

A rhythmic, involuntary, oscillating movement.

Chorea

Rapid, irregular, purposeless movements that flow randomly from one body part to another.

Example: Dance-like jerking movements of the limbs.

Athetosis

Slow, twisting, writhing movements, especially of the hands and fingers.

Stereotype

A repetitive, regular, non-goal-directed movement without obvious meaning.

Example: Repeated rocking of the body.

Parakinesia

Continuous irregular grimacing, twitching, or jerking movements, sometimes seen in catatonia.

Abnorma-induced Movements

Automatic obedience

Exaggerated and automatic compliance with every instruction, regardless of consequences.

Echophenomena

- **Echopraxia:** Automatic imitation of another person's movements
- **Echolalia:** Meaningless repetition of another person's words
- **Echologia:** Replying by repeating the meaning of the question in different words

Perseveration

Persistence or repetition of a response after it is no longer appropriate.

Example: Giving the same answer to different questions.

Negativism

Resistance to instructions or attempts at movement.

- **Passive negativism:** Refusal to follow commands
- **Active negativism:** Doing the opposite of what is requested

Ambitendency

Simultaneous tendency to perform and resist an action.

Example: The patient repeatedly extends and withdraws the hand when asked to shake hands.

Disorders of Posture

Manneristic posture

An exaggerated or odd version of a normal posture.

Stereotyped Posture

A rigid, abnormal posture maintained for a prolonged period.

Psychological pillow

The patient lies with the head raised above the bed as though resting on an invisible pillow.

Posturing

Spontaneous maintenance of an unusual posture for a long time.

Example: Maintaining a crucifix-like posture.

Waxy flexibility

In waxy flexibility, the examiner can place the patient in uncomfortable or unusual

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postures, and the patient maintains the position for a prolonged period without attempting to change it. When the examiner tries to reposition the patient, there is mild initial resistance, after which the patient slowly allows the new posture to be maintained. This feature is commonly seen in catatonic schizophrenia and other catatonic disorders.

Catalepsy

The patient maintains the position in which the body is placed for a prolonged period.

Abnormal Complex Behavior

Non-goal-directed behavior

Stupor

Marked reduction in activity and responsiveness. The patient may be mute, immobile, and minimally responsive to stimuli.

It may occur in:

- Catatonia
- Severe depression
- Organic brain disorders
- Severe psychological trauma

Excitement

Extreme, excessive, and usually purposeless motor activity.

- **Catatonic excitement:** Sudden, disorganized, and purposeless activity
- **Agitated depression:** Pacing, hand-wringing, rocking, crying, or pulling hair
- **Psychogenic excitement:** Chaotic activity after severe stress

Goal-directed abnormal behavior

Compulsive rituals: Repetitive acts performed to reduce anxiety caused by obsessions.

Examples: Repeated washing, checking, counting, or arranging.

Aggressive behavior: May occur because of hallucinations, persecutory delusions, mania, or impaired impulse control.

Extended suicide: A severely depressed person kills loved ones and then attempts suicide, believing death will protect them from suffering.

Disinhibition: Loss of behavioral control, leading to impulsive, sexual, or socially inappropriate acts. It may occur in mania or organic brain disease.

Dissociative fugue: Sudden, unexpected travel or wandering associated with loss of autobiographical memory and, occasionally, assumption of a new identity.

Antipsychotic-induced Movement Disorders

Acute dystonia

Painful, sustained muscle spasms causing abnormal posture, often involving the neck, eyes, jaw, or back. It usually develops within hours or days of treatment.

Drug-induced parkinsonism

Features include tremor, rigidity, slowed movement, and reduced facial expression.

Akathisia

Severe inner restlessness with inability to remain seated.

Example: Repeated pacing or constant movement of the legs.

Tardive Dyskinesia

Tardive dyskinesia (TD) is a movement disorder that develops after long-term treatment with neuroleptic (antipsychotic) drugs. According to the American Psychiatric Association (APA) Task Force, it is defined as abnormal involuntary movements occurring after at least 3 months of neuroleptic therapy in a patient with no other identifiable cause of the movement disorder. Symptoms usually appear during treatment or within 4 weeks after stopping an oral antipsychotic (or within 8 weeks after discontinuing a depot preparation).

The characteristic features of tardive dyskinesia include involuntary movements of the tongue, jaw, face, trunk, or limbs, which persist for at least 4 weeks. These movements may be choreiform (rapid, irregular, jerky),

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athetoid (slow, writhing, and continuous), or rhythmic stereotyped movements. Tardive dyskinesia is often a persistent condition, although spontaneous improvement or remission may occur, especially in younger patients.

Tardive Dystonia

Persistent twisting movements or abnormal postures occurring after prolonged antipsychotic use.

Rabbit Syndrome

Rapid, rhythmic, vertical movements around the mouth resembling a rabbit's chewing. The tongue is usually not involved.

Neuroleptic Malignant Syndrome

A rare, life-threatening reaction characterised by:

- High fever
- Severe muscular rigidity
- Altered consciousness
- Autonomic instability

It requires urgent treatment.

Serotonin Syndrome

Excess serotonergic activity may produce:

- Agitation or confusion
- Sweating and diarrhoea
- Tremor and myoclonus
- Hyperreflexia
- Fever and autonomic instability

Disorders of Speech and Language

Speech expresses thought through coordinated use of the vocal cords, tongue, lips, and respiratory muscles.

Basic Components

- **Phoneme:** Smallest sound unit
- **Morpheme:** Smallest meaningful language unit
- **Syntax:** Grammatical arrangement of words
- **Semantics:** Meaning of words and sentences
- **Prosody:** Rhythm, pitch, loudness, and tone
- **Pragmatics:** Practical and social use of language

Common Speech Disorders

Stammering or Stuttering

Interrupted speech with repetition or prolongation of sounds. It often worsens with anxiety.

Mutism

Complete absence of speech despite intact speech organs.

It may occur in:

- Catatonia
- Severe depression
- Dissociative disorders
- Organic brain disease

Neologism

Creation of a new word or use of an existing word with a private meaning.

Example: "The doctors are using a brainoscope on me."

Pressure of Speech

Rapid, excessive speech that is difficult to interrupt, commonly seen in mania.

Poverty of Speech

Reduced amount of spontaneous speech, commonly seen in schizophrenia and depression.

Verbal Stereotypy

Repeated use of the same word or phrase without meaningful purpose.

Verbigeration

Meaningless repetition of words, phrases, or sentences.

Palilalia

Repetition of one's own words with increasing speed.

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Logoclonia

Repetition of the final syllable of a word.

Example: "I am well today-ay-ay-ay."

Echolalia

Automatic repetition of words spoken by another person.

Disorders of Memory

Memory is the ability to register, store, and retrieve information.

Memory disorders are classified into:

1. **Amnesia:** Loss or impairment of memory
2. **Paramnesia:** Distortion of memory
3. **Hypermnesia:** Abnormally increased recall.

Amnesia

Amnesia is partial or complete loss of memory, which may be temporary or permanent.

Amnesic Syndromes and Memory Disturbances

Korsakoff Syndrome

Korsakoff syndrome is a chronic memory disorder caused mainly by **thiamine (vitamin B1) deficiency**, usually associated with prolonged alcohol misuse. It commonly affects the mammillary bodies and medial thalamus.

Main Features

- Severe anterograde amnesia
- Variable retrograde amnesia, especially for recent events
- Confabulation
- Apathy
- Poor ability to learn new information

Attention, immediate memory, social behavior, and procedural memory may remain relatively preserved.

Paramnesia

Paramnesia is a distortion or falsification of memory. It may affect:

1. Recall
2. Recognition

Distortions of Recall

Retrospective falsification

Past memories are unintentionally altered according to the person's present mood, beliefs, or emotional state.

Example: A depressed patient remembers a previously neutral event as entirely negative.

Delusional memory

A real or imagined memory is given a false delusional meaning.

Example: "I remember seeing a red light years ago; it meant I was chosen for a secret mission."

Confabulation

Gaps in memory are filled with false or imagined information without an intention to deceive. It is commonly associated with organic brain disorders.

Example: A patient who cannot remember yesterday states that they attended a wedding.

False memory

The person firmly recalls an event that never actually occurred.

Distortions of Recognition

Déjà Vu

A new situation feels as though it has been experienced before.

Jamais Vu

A familiar situation or person feels unfamiliar.

Déjà Entendu

A new sound or conversation feels previously heard.

Déjà Pensé

A new thought feels as though it has occurred before.

These experiences may occasionally occur normally but can be excessive in temporal lobe disorders.

Hypermnesia

Hypermnesia is an unusually increased ability to recall memories.

Flashbulb Memory

A vivid and detailed memory associated with a highly emotional event.

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Example: Clearly remembering where one was during a major accident or disaster.

Flashback

A sudden, vivid re-experiencing of a traumatic or drug-related event.

Example: A person with post-traumatic stress suddenly feels as though the accident is happening again.

Clinical Assessment of Memory

Memory should be assessed only when the patient is attentive, cooperative, and able to understand instructions.

Immediate memory

Usually tested by asking the patient to repeat digits in the same or reverse order.

Example: Repeat "7–2–9–4."

Recent memory

Assesses information from the past few hours or days.

Examples:

- What did you eat for breakfast?
- What day and month is it?
- Whom did you meet yesterday?

Remote memory

Assesses personal and historical events from the distant past.

Examples:

- What is your birthplace?
- When did you complete school?
- When did you get married?
- When did you start your job?

Personal information should be confirmed through a reliable informant whenever possible.

Mood and Affect

Mood is defined as a pervasive and sustained (lasts for some length of time) emotion that color the person's perception of the world. Mood may be labile, fluctuating or alternating rapidly between extremes (e.g., tearful and despairing at one moment and laughing loudly and expansively the next moment).

Affect can be defined as the person's present emotional responsiveness, expressed from the person's facial expression including expressive behavior. It may or may not be congruent with mood. It can be described as within normal range, blunted, constricted or flat.

Disorders of Orientation

Disorders of orientation are divided according to time, place, and person.

Disorders of Consciousness

Disorders of consciousness usually indicate organic brain impairment. Clouding of consciousness is an overall reduced awareness of environment. Disorders of consciousness are stupor, coma or lethargy.

Insight

Insight is patient's degree of awareness and understanding about being ill. Patient may show complete denial of their illness or may show some awareness that they are ill but place blame on others, on external factors or even organic factors.

Classification of Mental Disorder

The classification of mental disorders, also known as psychiatric nosology or psychiatric taxonomy, is central to the practice of psychiatry and other mental health professions.

The two most widely used psychiatric classification systems are the International Classification of Diseases, 11th edition (ICD-11; in effect since 1 January 2022.), produced by the World Health Organization (WHO); and the Diagnostic and Statistical Manual of Mental Disorders produced by the American Psychiatric Association since 1952. The latest edition is the Fifth Edition, Text Revision (DSM-5-TR), which was released in 2022.

1. ICD classification (International – WHO)
2. DSM classification (American Psychiatric Association)
3. Indian classification

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CLASSIFICATION OF MENTAL DISORDERS: ICD

International classification of diseases (ICD) defines and classifies the disorders, diseases, injuries and other health related conditions that are listed comprehensively in order. ICD allows health professional and authorities to save, retrieve and analysis health and disease related data thus helping in evidenced based decision framing. Data can be uniformly stored across the globe.

The first ICD edition was called "The International List of Cause of Death" and was adopted by the International Statistical Institute in 1983. Since then ICD has seen many changes and revisions that explains various developments in medical science over time. The eleventh revision of ICD is in the progress and that will make ICD to be ready for 21st century.

The ICD-10 came into force in May 1990 at the 43th World Health Assembly. ICD is translated into more than 40 languages and used by more than 150 countries around the globe.

In this classification, chapter V deals with mental and behavioral disorders and codes them on an alphanumeric system from F00 to F99 in which 'F' denotes psychiatric disorders.

ICD serves a broad range of uses globally and provides critical knowledge on the extent, causes and consequences of human disease and death worldwide via data that is reported and coded with the ICD. Clinical terms coded with ICD are the main basis for health recording and statistics on disease in primary, secondary and tertiary care, as well as on cause of death certificates. These data and statistics support payment systems, service planning, administration of quality and safety, and health services research **(Fig. 2.1)**. Diagnostic guidance linked to categories of ICD also standardizes data collection and enables large scale research.

For more than a century, the 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. (World Health Organization).

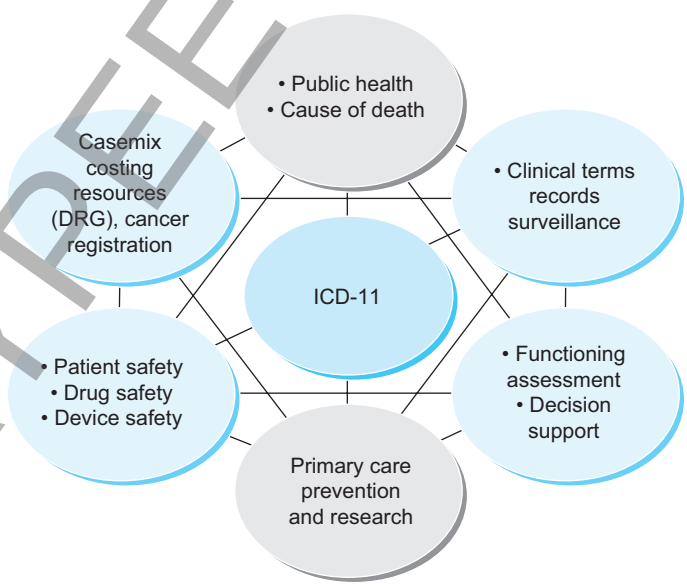


FIG. 2.1: Purpose of ICD-11.

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ICD Classification (International – WHO)

ICD version	*Full name*	*Year of release/ passing*	*Mental and Behavioral disorders chapter code*
ICD-6	International Classification of Diseases – 6th Revision	**1949**	**Mental Disorders (first official inclusion)**
ICD-7	International Classification of Diseases – 7th Revision	**1955**	Mental Disorders
ICD-8	International Classification of Diseases – 8th Revision	**1965** (implemented 1968)	Mental Disorders
ICD-9	International Classification of Diseases – 9th Revision	**1975**	**Chapter 5: Mental Disorders**
ICD-10	International Classification of Diseases – 10th Revision	**1992**	**F00–F99 (Mental and Behavioral Disorders)**
ICD-11	International Classification of Diseases – 11th Revision	**2019** (officially in use from 2022)	**Chapter 06: Mental, Behavioral and Neurodevelopmental Disorders**

Classification of ICD-10

The **International Classification of Diseases, 10th Revision (ICD-10)** is a global diagnostic system developed by the **World Health Organization (WHO)**. It was officially released in **1992** and became the most widely used system for diagnosing **mental and behavioral disorders** for nearly three decades.

ICD-10 provides a **standardized, systematic, and internationally accepted** method of classifying mental disorders. It ensures that clinicians, researchers, and health professionals across different countries use **common diagnostic criteria**, improving consistency in diagnosis, treatment, reporting, and research.

In ICD-10, **mental and behavioral disorders** are grouped under **Chapter V (F00–F99)**. This chapter includes all major psychiatric conditions, such as psychotic disorders, mood disorders, anxiety disorders, substance use disorders, developmental disorders, personality disorders, and childonset behavioral problems. Each disorder is organized using alphanumeric **F-codes**, which help in precise identification and easy documentation.

ICD-10 is valued for its **clinical usefulness**, clarity, cultural adaptability, and its role in guiding mental health services worldwide. Though ICD-11 is now the latest system, ICD-10 continues to be used in many countries for teaching and examinations.

Code	*Category*
F00–F09	Organic, including symptomatic, mental disorders
F10–F19	Mental and behavioral disorders due to psychoactive substance use
F20–F29	Schizophrenia, schizotypal and delusional disorders
F30–F39	Mood (affective) disorders
F40–F48	Neurotic, stress-related and somatoform disorders
F50–F59	Behavioral syndromes associated with physiological disturbances (eating disorders, sleep disorders, etc.)
F60–F69	Disorders of adult personality and behavior
F70–F79	Intellectual disabilities
F80–F89	Disorders of psychological development
F90–F98	Behavioral and emotional disorders with onset in childhood/adolescence
F99	Unspecified mental disorder

CLASSIFICATION OF MENTAL DISORDERS ACCORDING TO ICD-11

Mental, Behavioral or Neurodevelopmental Disorders

This chapter has 162 four-character categories. Code range starts with 6A00
Mental, behavioral and neurodevelopmental disorders are syndromes characterized

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by clinically significant disturbance in an individual's cognition, emotional regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes that underlie mental and behavioral functioning. These disturbances are usually associated with distress or impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Exclusions:

1. Acute stress reaction (QE84)
2. Uncomplicated bereavement (QE62)

Coded elsewhere:

1. Sleep-wake disorders (7A00–7B2Z)
2. Sexual dysfunctions (HA00–HA0Z)
3. Gender incongruence (HA60–HA6Z)

This chapter contains the following top level blocks:

- Neurodevelopmental disorders
- Schizophrenia or other primary psychotic disorders
- Catatonia
- Mood disorders
- Anxiety or fear-related disorders
- Obsessive-compulsive or related disorders
- Disorders specifically associated with stress
- Dissociative disorders
- Feeding or eating disorders
- Elimination disorders
- Disorders of bodily distress or bodily experience
- Disorders due to substance use or addictive behaviors
- Impulse control disorders
- Disruptive behavior or dissocial disorders
- Personality disorders and related traits
- Paraphilic disorders
- Factitious disorders
- Neurocognitive disorders
- Mental or behavioral disorders associated with pregnancy, childbirth or the puerperium
- Secondary mental or behavioral syndromes associated with disorders or diseases classified elsewhere

Neurodevelopmental Disorders (6A00–6A0Z)

Neurodevelopmental disorders are behavioral and cognitive disorders that arise during the developmental period that involve significant difficulties in the acquisition and execution of specific intellectual, motor, language, or social functions. Although behavioral and cognitive deficits are present in many mental and behavioral disorders that can arise during the developmental period (e.g., Schizophrenia, Bipolar disorder), only disorders whose core features are neurodevelopmental are included in this grouping. The presumptive etiology for neurodevelopmental disorders is complex, and in many individual cases is unknown.

Coded elsewhere:

1. Primary tics or tic disorders (8A05.0)
2. Secondary neurodevelopmental syndrome (6E60)

- **6A00 Disorders of intellectual development:** Disorders of intellectual development are a group of etiologically diverse conditions originating during the developmental period characterized by significantly below average intellectual functioning and adaptive behavior that are approximately two or more standard deviations below the mean (approximately less than the 2.3rd percentile), based on appropriately normed, individually administered standardized tests. Where appropriately normed and standardized tests are not available, diagnosis of disorders of intellectual development requires greater reliance on clinical judgment based on appropriate assessment of comparable behavioral indicators.

  Coding note: Use additional code, if desired, to identify any known etiology.

  Exclusions: Dementia (6D80–6D8Z)

  - *6A00.0 Disorder of intellectual development, mild:* A mild disorder of intellectual development is a condition originating during the developmental period characterized by significantly below average

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