CLASSIFICATION OF MENTAL ILLNESS

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ABSTRACT

The classification of mental disorders is also known as psychiatric nosology or psychiatric taxonomy. It represents a key aspect of psychiatry and other mental health professions and is an important issue for people who may be diagnosed.

KEY WORDS: Mental disorders, Psychiatry, Classification

INTRODUCTION

The classification of mental disorders, also known as psychiatric nosology or taxonomy. Classification is the process by which the complexity of phenomena is reduced by arranging them into categories according to some established criteria for one or more purposes.

PURPOSES OF CLASSIFICATION

The purpose of classification of mental classification of mental disorder always involve in the broadcast sense, communication, control and comprehension.

Communication.

A classification enables users to communicate with each other about the disorder with which they deal. This involves using names of categories as standard shorthand ways of summarizing certain agreed on important features of categories that would otherwise require use of a larger number of terms.

> Control

Ideally involves the ability either to prevent their occurrence or modify their course with treatment. For that reason, control is the most important purpose of a classification of mental disorders.

> Comprehension

Comprehension implies understanding the causes of mental disorder and the processes involved in their development and maintenance. Frequently a mental disorder can be treated effectively without understanding either its cause or its pathological process; comprehension is not an end in itself but is desired because it usually leads to better control of the disorder.

DEVELOPMENT OF CLASSIFICATION OF MENTAL DISORDERS

- It was the W.H.O (World Health Organization) that classified all the disease and health related problems.
- In the 1960s, the W.H.O drafted the 8th revision of ICD-8
- In 1979 ICD-9 was revised and numerical code (001-9990 were used.
- The latest revision (ICD-10) was published in 1992.

MAJOR CLASSIFICATION OF MENTAL DISORDERS

- INTERNATIONAL (ICD)
- DIAGNOSTIC AND STATISTICAL MANUAL CLASSIFICATION(DSM)

INTERNATIONAL (ICD)

The main categories in the draft of ICD-10 are:

- F00- F09- Organic mental disorder
- F10-F19- Mental and behavioural disorder due to psychiatric substance use.
- F20-F29- Schizophrenia, Schizotypal, and Delusional disorders.
- F30- F39- Mood Disorder.
- F40-F48- Neurotic, stress –related and somatoform disorders
- F50-F58-Behavioural syndromes- associated with physiological disturbances
- F60-F69- Disorder with adult personality and behaviour.
- F70-F79- Mental Disorder.
- F80-F89- Disorder of psychological development
- F90-F98- Behavioural and emotional disorder with onset usually occurring n childhood and adolescence.
- F99- Unspecified disorder

DIAGNOSTIC AND STATISTICAL MANUAL CLASSIFICATION (DSM)

On the basis of multiaxial system, American Psychiatric Association adopted certain classification. It consists of five axes.

Axis I- Clinical Psychiatric Disorder

- Disorder usually first diagnosed during infancy, childhood, adolescence
- Delirium, Dementia, and Amnesia, and other cognitive disorder
- Mental disorder due to general medicine.
- Schizophrenia and related disorder
- Mood disorder
- Eating disorder
- Sleep disorder

- Substance related disorder
- Impulse control disorder.

Axis II- Personality disorder and mental retardation

- > Personality disorder
- a) Paranoid
- b) Schizoid
- c) Schizotypal
- d) Antisocial
- e) Borderline
- f) Historic
- g) Narcissistic
- h) Dependent
- i) Obsessive disorder
- j) Personal disorder
- > Mental Retardation

Axis III-Medical Condition

- Infection parasitic disease
- Neoplasm
- ❖ Endocrine, nutrition, metabolic disease and immune disorder
- Disorder of the blood
- Disorder of the nervous and sense organ.
- Disorder of the circulatory, respiratory, digestive gastrointestinal.
- Complication of childbirth, pregnancy, peuperium
- ❖ Disorder of the skin and subcutaneous tissues
- ❖ Disorder of musculoskeletal and connective tissues
- Congenital anomalies

Axis IV-Psychosocial and environmental problems

- Problem related to the social environment
- Educational problem
- Occupation
- Housing
- Economic
- Problem with access to health care system/services

Axis V- Global assessment of functions

INDIAN CLASSIFICATION OF MENTAL DISORDER

In India, Neki (1963), Wig and Singer (1967), Vahia (1961) and (1971) have attempted some modification of ICD-8 to suits Indian conditions.

They are as follows

- A. Psychosis
- 1. Functional

- a) Schizophrenia
- b) Simple schizophrenia
- c) Hebephrenic schizophrenia
- d) Paranoid schizophrenia

2. Affective

- a) Mania
- B) Depression

3. Organic

- A) Acute
- b) Chronic

B. Neurosis

- 1. Anxiety neurosis
- 2. Depressive neurosis
- 3. Hysterical neurosis
- 4. Obsessive compulsive neurosis
- 5. Phobic neurosis

C. Special Disorder

1. Childhood disorder

- Conduct disorder
- o Emotional disorder

2. Personality disorder

- o Sociopath
- o Psychopath

3. Substance abuse

- o Alcohol abuse
- o Drug abuse

4. Psycho physiological disorders

- o Asthma
- o Psoriasis

D. Mental Retardation

- Mild
- Moderate
- Severe
- Profound

CONCLUSION

Thus, the categorization or classification of mental disorder helps the multi disciplinary team members to identify, plan coordinate care and treat the client according to the nature and severity of the disorder.

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