

MENTAL HEALTH GLOSSARY

Resources by GET SAFE

MENTAL HEALTH TERMS

Acute Stress Disorder: which is characterized by the emergence of severe anxiety for up to a one-month period after exposure to a traumatic event such as natural disasters, war, accidents, and witnessing a death. As a result, the individual may experience dissociative symptoms such as a sense of altered reality, an inability to remember important aspects of the event, and vivid flashbacks as if the event were reoccurring. Other symptoms can include reduced emotional responsiveness, distressing memories of the trauma, and difficulty experiencing positive emotions.

Anxiety disorder: Much more extreme than the common anxieties experienced in daily life, anxiety disorders cause persistent, intense fears about real or perceived threats. When a person has an anxiety disorder, these feelings will cause behavior modifications to the point of disrupting regular functioning. Specific anxiety disorders include panic disorder, social anxiety and others. If left untreated, anxiety disorders can worsen over time.

Bipolar disorder: Individuals with bipolar disorder experience severe shifts from mania to depression, as well as changes in thoughts and actions. Manic episodes are commonly described as periods of excessive joy or enthusiasm, while depressive periods may cause extreme low energy or hopelessness.

Co-occurring or comorbid conditions: People who have more than one mental health disorder at a given time have co-occurring, or comorbid, conditions. Some disorders have a high probability of co-occurring, such as eating disorders and anxiety. Oftentimes, one disorder may develop as a response to the first. For example, a person with binge eating disorder may feel deeply ashamed of their disorder to the point they develop social anxiety. Research tells us the best method for treating comorbid conditions is treating them at the same time, or dually.

Delirium: also known as acute confusional state, that develops over a short period of time (usually a few hours or a few days) and is characterized by disturbances in attention and awareness.

Delusions: Strongly held beliefs that have no basis in reality. For example, someone may believe that aliens are “out to get them”, despite no evidence of aliens.

Depression and mood disorders: People with depression and other mood disorders may experience dysregulation in their emotions and withdrawal from family, friends, previously enjoyable activities and more. Common features may include an overwhelming sense of emptiness, irritability, sadness and other moods, which disrupt regular functioning.

Dissociative amnesia: involves a temporary loss of memory as a result of dissociation. In many cases, this memory loss, which may last for just a brief period or for many years, is a result of some type of psychological trauma. Dissociative amnesia is much more than simple forgetfulness. Those who experience this disorder may remember some details about events but may have no recall of other details around a circumscribed period of time.

Disruptive mood dysregulation disorder: A childhood condition characterized by extreme anger and irritability. Children display frequent and intense outbursts of temper.

Dissociative identity disorder: formerly known as multiple personality disorder, involves the presence of two or more different identities or personalities. Each of these personalities has its own way of perceiving and interacting with the environment. People with this disorder experience changes in behavior, memory, perception, emotional response, and consciousness.

Dual diagnosis: A person diagnosed with a mental health disorder and an addiction. Treating dual diagnoses at once is proven to be the most effective method for recovery. For instance, if a patient's depression is treated, but not the existing alcoholism, he or she might begin drinking more frequently as a method for coping.

Hallucinations: a strong perception of an event or object when no such situation is present; may occur in any of the senses (i.e., visual, auditory, gustatory, olfactory, or tactile).

Major depressive disorder (MDD): MDD is a type of mood disorder that can develop in any age or gender, but most frequently appears in young adulthood. A person with MDD may experience the following for 2 or more weeks:

- depressed or irritable mood, feeling worthless or guilty
- decreased energy, interest in activities or ability to concentrate
- extreme changes in appetite or sleep patterns
- recurrent thoughts about committing suicide

If left untreated, people with MDD are at a higher risk for suicidal behaviors. Seeking early treatment increases chances of being successful in programming.

Oppositional defiant disorder: Characterized by a repeating pattern of negative, hostile, and defiant behaviors, such as temper outbursts, being argumentative, defying rules, blaming, being angry and vindictive. This pattern usually lasts longer than six months, or beyond what is considered within the bounds of normal childhood stage development.

Obsessive-compulsive disorder (OCD): People with obsessive-compulsive disorder, or OCD, combat intrusive, anxiety-inducing thoughts or urges with compulsions and rituals. Compulsions and rituals are time-consuming, repetitive behaviors, such as persistent hand-washing, checking or other rigid rules. A person with OCD believes if they do not follow rituals,

a bad event will occur. People with OCD spend more than 1 hour per day participating in their compulsions, which often disrupt regular functioning.

Panic disorder: People with panic disorder have recurring and unexpected panic attacks, which are sudden rushes of intense fear. Panic disorder is a type of anxiety disorder. During a panic attack, a person may experience:

- A racing heart, sweating or shaking
- Dizziness or nausea
- Hot or cold sensations
- Feelings of choking
- Loss of reality

With the help of treatment, individuals with the disorder can learn strategies to reduce anxieties.

Phobia: An uncontrollable, irrational, and persistent fear of a specific object, situation, or activity.

Positive/Negative Symptoms: Psychotic symptoms are often classified as positive or negative. Examples of positive symptoms that “add to” a person’s experiences include delusions (believing something to be true when it is not) and hallucinations (seeing, hearing, feeling, smelling or tasting something that is not real). Examples of negative symptoms that “take away from” a person’s experiences include lack of motivation, loss of facial expression, catatonia, and decreases in speech.

Posttraumatic stress disorder (PTSD): A person may develop posttraumatic stress disorder (PTSD) after experiencing or witnessing a life-threatening event, such as military combat, sexual assault or natural disaster. Symptoms of PTSD vary by individual, but some common signs are:

- Recurrent, frightening dreams or flashbacks about the event
- Losing awareness of present surroundings
- Avoidance of places, people or memories that relate to the event

With treatment, symptoms of PTSD can be reduced to a manageable level

Psychosis: The word *psychosis* is used to describe conditions that affect the mind, where there has been some loss of contact with reality. When someone becomes ill in this way it is called a psychotic episode. During a period of psychosis, a person’s thoughts and perceptions are disturbed and the individual may have difficulty understanding what is real and what is not. Symptoms of psychosis include delusions (false beliefs) and hallucinations (seeing or hearing things that others do not see or hear). Other symptoms include incoherent or nonsense speech, and behavior that is inappropriate for the situation. A person in a psychotic episode may also

experience depression, anxiety, sleep problems, social withdrawal, lack of motivation and difficulty functioning overall.

Schizophrenia: A severe mental disorder that appears in late adolescence or early adulthood. People with schizophrenia may have hallucinations, delusions, loss of personality, confusion, agitation, social withdrawal, psychosis and/or extremely odd behavior.

Self-harm: Self-harm, or self-harming behaviors, are intentional acts of repeatedly physically injuring oneself for temporary feelings of relief, pleasure or control. These acts may include cutting, burning, punching and more. These behaviors indicate underlying mental health concerns, such as depression, anxiety, other disorders or thoughts of suicide. If you or someone you know participates in self-harm, seek professional mental health services.

Separation anxiety disorder: type of anxiety disorder involving an excessive amount of fear or anxiety related to being separated from attachment figures. People are often familiar with the idea of separation anxiety as it relates to young children's fear of being apart from their parents, but older children and adults can experience it as well. When symptoms become so severe that they interfere with normal functioning, the individual may be diagnosed with separation anxiety disorder. Symptoms involve an extreme fear of being away from the caregiver or attachment figure. The person suffering these symptoms may avoid moving away from home, going to school, or getting married in order to remain in close proximity to the attachment figure.

Social anxiety disorder: Social anxiety disorder, sometimes called social phobia, causes an extreme fear of social situations. People with social anxiety may become very nervous about being around other people. They may feel like they're being judged.

Stigma: A negative attitude about something, either against oneself or others. Fear or shame surrounding mental health conditions prevent many people seeking treatment, building recovery networks and living healthy, productive lives. The best ways to eliminate stigma are to share experiences and get to know people with mental health challenges.

Suicidal ideation: Suicidal ideation refers to a person's thoughts about hurting themselves, with serious deliberation or planning about how to commit suicide. Help individuals who share their suicidal thoughts seek emergency care immediately.

Trauma: Trauma is the body's response to witnessing or experiencing a frightening event, such as a natural disaster or sexual assault. Symptoms of trauma vary greatly by person, but may include extreme fear surrounding the event, anger or aggression, withdrawn behavior and more. A person with trauma may develop anxiety or posttraumatic stress disorder (PTSD). Many people who seek treatment are able to work with their care team to reduce symptoms

DEVELOPMENTAL/NEURODEVELOPMENTAL DISABILITY

Autism: a neurological and developmental disorder that usually appears during the first three years of life. A child with autism appears to live in his/her own world, showing little interest in others, and a lack of social awareness. The focus of an autistic child is a consistent routine and includes an interest in repeating odd and peculiar behaviors. Autistic children often have problems in communication, avoid eye contact, and show limited attachment to others. It is often accompanied by sensory sensitivities and medical issues such as gastrointestinal (GI) disorders, seizures or sleep disorders, as well as mental health challenges such as anxiety, depression and attention issues.

CNN Channel: Understanding Autism <https://www.youtube.com/watch?v=ZfzqBCC30as>

Types of Autism:

Autistic Disorder: This is sometimes called “classic” autism. It is what most people think of when hearing the word “autism”. People with autistic disorder usually have significant language delays, social and communication challenges, and unusual behaviors and interests. Many people with autistic disorder also have intellectual disability.

Asperger Syndrome: People with Asperger syndrome usually have milder symptoms of autistic disorder. They might have social challenges and unusual behaviors and interests. However, they typically do not have problems with language or intellectual disability.

Pervasive Developmental Disorder: This is sometimes called “atypical autism,” or PDD-NOS. People who meet some of the criteria for autistic disorder or Asperger syndrome, but not all, may be diagnosed with atypical autism. These people usually have fewer and milder symptoms than those with autistic disorder. The symptoms might cause only social and communication challenges.

- **Level 1: Requiring Support.** People with level 1 autism may also show inflexible behaviors. It can be difficult for them to cope with changing situations or contexts, such as new environments. They may need help with organization and planning.
- **Level 2: Requiring Substantial Support.** They have more severe social deficits that make holding a conversation very challenging. Even with support, they may struggle to communicate coherently and are more likely to respond inappropriately to others. They may speak in short sentences or only discuss very specific topics. These individuals may also have issues with nonverbal communication and might display behaviors such as facing away from the person with whom they are communicating.

- Level 3: Requiring very substantial support: significant impairments in their verbal and nonverbal communication. They will often avoid interactions with others, but they may interact in a limited way if they must respond to others or communicate a need. Their behaviors are highly inflexible and repetitive. They may react strongly to changes and become highly distressed in a situation that requires them to alter their focus or task.

Social symptoms include:

- difficulty initiating or maintaining a conversation
- responding inappropriately to others
- discussing their interests in great detail
- avoiding eye contact
- facial expressions that do not match the context of communication
- difficulty understanding perspectives other than their own

Behavioral symptoms include:

- repetitive behaviors, such as rocking from side to side or saying the same thing over and over again
- distancing themselves from others
- having obsessive interests in specific topics
- developing a high level of skill in certain areas, such as mathematics or art
- an inability to cope with changes to their routine or environment
- becoming preoccupied with specific parts of an object, such as the wheels on a car
- being more or less sensitive to sensory stimulation, such as loud noises
- having problems sleeping

Attention deficit hyperactivity disorder (ADHD): People with ADHD experience a regular pattern of inattention and/or severe hyper and impulsive behavior that interferes with regular functioning or development. ADHD is one of the most common childhood disorders. Children with ADHD might experience difficulty sitting still, frequent boredom and daydreaming, lack of self-control and more.

Cerebral Palsy: Cerebral palsy (CP) is a group of disorders that affect a person's ability to move and maintain balance and posture. CP is the most common motor disability in childhood. *Cerebral* means having to do with the brain. *Palsy* means weakness or problems with using the muscles. CP is caused by abnormal brain development or damage to the developing brain that affects a person's ability to control his or her muscles.

Communication disorders: communication disorders are developmental disorders that include expressive language disorder, which focuses on developmental delays and difficulties in the ability to produce speech, and mixed receptive-expressive language disorder, which focuses on developmental delays and difficulties in the ability to understand spoken language and produce speech.

Cognitive Impairment: Experiencing difficulty with cognition. Examples include having trouble paying attention, thinking clearly or remembering new information.

Down Syndrome: a congenital disorder arising from a chromosome defect, causing intellectual impairment and physical abnormalities including short stature and a broad facial profile. It arises from a defect involving chromosome 21, usually an extra copy

Intellectual Disability (Mental Retardation): subaverage intellectual functioning before the age of 18, usually defined as an IQ less than 70 and impairments in life skills such as communication, self-care, home living, and social or interpersonal skills. Different severity categories, ranging from mild to severe retardation, are defined on the basis of IQ scores.

Neurodevelopmental Disorders: Can cause intellectual disability. This type of developmental disorder originates prior to the age of 18 and is characterized by limitations in both intellectual functioning and adaptive behaviors. Limitations to intellectual functioning are often identified through the use of [IQ tests](#), with an [IQ score](#) under 70 often indicating the presence of a limitation. Adaptive behaviors are those that involve practical, everyday skills such as self-care, social interaction, and living skills.

Social (Pragmatic) Communication Disorder: characterized by difficulty with the use of social language and communication skills (also called *pragmatic communication* by professionals). A child or teen with this disorder will have difficulty in following the ordinary social rules of communication (whether they are verbal or nonverbal), following the rules for storytelling or conversations (each person takes a turn), and changing language depending upon the situation or needs of the listener. These kinds of problems in social communication lead to the child having a difficult time communicating effectively with others, participating in a social manner with others, and can even affect academic performance.

Rett Syndrome: a genetic brain disorder that typically becomes apparent after 6 to 18 months of age in females. Symptoms include problems with language, coordination, and repetitive movements. Often there is slower growth, problems walking, and a smaller head size. Complications can include seizures, scoliosis, and sleeping problems.

Speech Sound Disorder: Persistent difficulty with speech sound production that interferes with speech intelligibility or prevents verbal communication of messages.

Tourette Syndrome: a neurodevelopmental disorder with onset in childhood,^[4] characterized by multiple motor tics and at least one vocal (phonic) tic. Some common tics are blinking, coughing, throat clearing, sniffing, and facial movements. These tics are typically preceded by an unwanted urge or sensation in the affected muscles, can sometimes be suppressed temporarily, and characteristically change in location, strength, and frequency

SUBSTANCE USE DISORDERS

Addiction and substance abuse: Addiction to substances, such as drugs or alcohol, is a chronic disease that affects the brain's reward system. The disease blocks a person's ability to control behaviors and cravings, maintain healthy relationships and more. As with other chronic illnesses, person with addiction might cycle through periods of relapse and remission. Without professional treatment, addiction may cause lifelong harm or death

Alcohol-related disorders: involve the consumption of alcohol, the most widely used (and frequently overused) drug in the United States.

Alcohol Use Disorder: A problematic pattern of alcohol use leading to clinically significant impairment or distress. Characterized by two or more of the following:

- persistent desire or unsuccessful efforts to cut down
- craving or strong urge for alcohol
- consumption causing failure in major role obligations at work, home or school
- Continued use despite recurrent social or interpersonal problems
- High tolerance
- Continued use despite awareness of physical and physiological problems
- Withdrawal symptoms

Alcohol Withdrawal: Cessation or reduction of alcohol causing any of the following symptoms: sweating, fast pulse, hand tremor, insomnia, nausea, vomiting, hallucinations or illusions, psychomotor agitation, anxiety

Cannabis-related disorders: include symptoms such as using more than originally intended, feeling unable to stop using the drug, and continuing to use despite adverse effects in one's life.

Hallucinogen-Related disorder: overuse leading to significant impairment or distress. Characterized by:

- persistent desire or unsuccessful efforts to cut down
- craving or strong urge for alcohol
- consumption causing failure in major role obligations at work, home or school
- Continued use despite recurrent social or interpersonal problems
- High tolerance
- Continued use despite awareness of physical and physiological problems
- Withdrawal symptoms

Stimulant use disorder: involves the use of stimulants such as meth, amphetamines, and cocaine.

PERSONALITY DISORDER

Antisocial personality disorder: characterized by a long-standing disregard for rules, social norms, and the rights of others. People with this disorder typically begin displaying symptoms during childhood, have difficulty feeling empathy for others, and lack remorse for their destructive behaviors.

Avoidant Personality Disorder: involves severe social inhibition and sensitivity to rejection. Such feelings of insecurity lead to significant problems with the individual's daily life and functioning.

Borderline personality disorder: associated with symptoms including emotional instability, unstable and intense interpersonal relationships, unstable self-image, and impulsive behaviors.

Intermittent Explosive Disorder: an impulse-control disorder characterized by sudden episodes of unwarranted anger. The disorder is typified by hostility, impulsivity, and recurrent aggressive outbursts. People with IED essentially “explode” into a rage despite a lack of apparent provocation or reason.

Paranoid personality disorder: characterized by a distrust of others, even family, friends, and romantic partners. People with this disorder perceive others intentions as malevolent, even without any evidence or justification.