

MENTAL HEALTH GLOSSARY

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MENTAL HEALTH TERMS

Acute Stress Disorder: 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 like 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, generalized 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 that manifest as feeling grandiose, invincible, brilliant, unstoppable, etc. 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.

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 are not endorsed by a person's culture or subculture that have no basis in reality. Common types include delusional jealousy, delusions of being controlled, delusions of grandeur, delusions of persecution, and more.

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 given period of time.

Disruptive Mood Dysregulation Disorder: A new diagnosis in children 18 years or younger with persistent irritability and an average of at least three episodes per week of severe rages. It has been established as an alternative to the diagnosis of bipolar disorder in children.

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.

Hallucinations: A false sensory perception that has a compelling sense of reality despite the absence of an external stimulus. It may affect any of the senses, but auditory hallucinations and visual hallucinations are most common.

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 the chances of successful treatment.

Oppositional Defiant Disorder: A behavior disorder of childhood characterized by recurrent disobedient, negativistic, or hostile behavior toward authority figures that is more pronounced than usually seen in children of similar age and lasts for at least 6 months. The defiant behaviors typically do not involve aggression, destruction, theft, or deceit, which distinguishes this disorder from conduct disorder.

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 recurrent, unexpected panic attacks that are associated with persistent concern about having another attack, worry about the possible consequences of the attacks, significant change in behavior related to the attack, or a combination of any or all of these.

Characteristics of a panic attack include:

- 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: A persistent and irrational fear of a specific situation, object, or activity which is consequently either strenuously avoided or endured with distress.

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: 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: A 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. 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: 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. Sometimes called social phobia.

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 AND NEURO-DEVELOPMENTAL DISABILITIES

Autism Spectrum Disorder: Any one of a group of disorders with an onset typically occurring during the preschool years and characterized by varying but often marked difficulties in communication and social interaction. ASD was formerly said to include such disorders as the prototype autism, Asperger's disorder, childhood disintegrative disorder, and Rett syndrome; it was synonymous with pervasive developmental disorder but more commonly used, given its reflection of symptom overlap among the disorders. It is now the official term used.

CNN Channel: Understanding Autism

<https://www.youtube.com/watch?v=ZfzqBCC30as>

- Level 1: Requiring Support. Individuals 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. Even with support, they may struggle to communicate coherently and are more likely to respond inappropriately to others. 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.

ASD 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

ASD 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): Characterized by the persistent presence of six or more symptoms involving either:

- Inattention (e.g., failure to complete tasks or listen carefully, difficulty in concentrating, distractibility), or;
- Impulsivity or hyperactivity (e.g., blurting out answers; impatience; restlessness; fidgeting; difficulty in organizing work, taking turns, or staying seated; excessive talking; running about; climbing on things)

The symptoms, which impair social, academic, or occupational functioning, start to appear before the age of 7 and are observed in more than one setting.

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: 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: Any impairment in perceptual, learning, memory, linguistic, or thinking abilities. Examples include having trouble paying attention, thinking clearly or remembering new information.

Down Syndrome: A chromosomal disorder characterized by an extra chromosome 21 and manifested by a round flat face and eyes that seem to slant. Brain size and weight are below average, affected individuals usually have mild to severe intellectual disability, and they have been characterized as having docile, agreeable dispositions.

Intellectual Disability: A developmental disability characterized by mild to profound limitations in cognitive function (e.g., learning, problem solving, reasoning, planning) and in adaptive behavior, impairing one's ability to acquire skills typical for one's age group as a child or necessary for one's later independent functioning as an adult.

Neurodevelopmental Disorders: A group of disorders with onset in the developmental period. The disorders typically manifest early in development, often before the child enters grade school, and are characterized by developmental deficits that produce impairments of personal, social, academic, or occupational functioning.

Social (Pragmatic) Communication Disorder: Characterized by difficulty with the use of social language and communication skills. 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.

Speech Sound Disorder: A communication disorder characterized by failure to develop and consistently use speech sounds that are appropriate for the child's age. These problems are not due to, or are in excess of those normally associated with, hearing loss, structural deficits in the mechanism of speech production (e.g., cleft palate), or a neurological disorder.

Tourette Syndrome: A tic disorder characterized by many motor tics and one or more vocal tics, such as grunts, yelps, barks, or sniffs. The tics occur many times a day for more than a year, during which time any period free of tics is never longer than 3 months. The age of onset for the disorder is before 18 years; in most cases, it starts during childhood or early adolescence.

SUBSTANCE USE DISORDERS

Many of us know someone who struggles with substance use. As it's shown on TV and in movies, substance use usually involves the big scary drugs like heroine or meth. However, any of the following may be considered a substances:

- **Alcohol**
- **Caffeine**
- **Cannabis**
- **Hallucinogens**
 - Examples: LSD, ecstasy, ketamine, etc.
- **Hypnotics and anxiolytics**
 - Examples: Benzodiazepines, etc.
- **Inhalants**
 - Examples: Glue, paint thinner, gasoline, etc.
- **Opioids**
 - Examples: Oxycodone, hydrocodone, morphine, heroine, etc.
- **Sedatives**
 - Examples: Barbiturates, zolpidem (Ambien), eszopiclone (Lunesta), etc.
- **Stimulants**
 - Examples: Adderall, cocaine, methamphetamine, etc.
- **Tobacco**
- **Other (or unknown) substances**

*Note that this list is not exhaustive and even if a drug is prescribed, it can still be misused.

Substance Use Disorder: 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, a person with addiction might cycle through periods of relapse and remission. Without professional treatment, substance use disorder may cause lifelong harm or death.

Symptoms may include:

- Cravings
- Recurrent use of the substances that interferes with daily responsibilities
- Substance-seeking behavior
- Inability to control one's substance use
- Using the substance despite potential hazards
- The need for increased amounts of a substance to achieve its effects
- Withdrawal symptoms

Intoxication: A reversible syndrome due to the recent ingestion of a specific substance, including clinically significant behavioral or psychological changes as well as one or more signs of physiological involvement. Although symptoms vary by substance, there are some common manifestations: for example, perceptual disturbances; mood changes; impairments of judgment, attention, and memory; alterations of heartbeat and vision; and speech and coordination difficulties.

Tolerance: a condition, resulting from persistent use of a drug, characterized by a markedly diminished effect with regular use of the same dose of the drug or by a need to increase the dose markedly over time to achieve the same desired effect. Tolerance is one of the two prime indications of physical dependence on a drug.

Withdrawal: A syndrome that develops after cessation of prolonged, heavy consumption of a substance. Symptoms vary by substance but generally include physiological, behavioral, and cognitive manifestations, such as nausea and vomiting, insomnia, mood alterations, and anxiety.

PERSONALITY DISORDERS

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: A personality disorder characterized by

- Hypersensitivity to rejection and criticism
- A desire for uncritical acceptance
- Social withdrawal in spite of a desire for affection and acceptance
- Low self-esteem

This pattern is long-standing and severe enough to cause objective distress and seriously impair the ability to work and maintain relationships.

Borderline Personality Disorder: A personality disorder characterized by a long-standing pattern of instability in mood, interpersonal relationships, and self-image that is severe enough to cause extreme distress or interfere with social and occupational functioning. Symptoms might include:

- Self-damaging behavior (e.g., gambling, overeating, substance use)
- Intense but unstable relationships
- Uncontrollable temper outbursts
- Self-defeating behavior, such as fights, suicidal gestures, or self-mutilation
- Chronic feelings of emptiness and boredom

Intermittent Explosive Disorder: An impulse-control disorder consisting of multiple episodes in which the individual fails to resist aggressive impulses and commits assaultive acts or destroys property. These aggressive acts are significantly out of proportion to any precipitating factors, are not caused by any other mental disorder or a general medical condition, and are not substance induced. People with IED essentially “explode” into a rage despite a lack of apparent provocation or reason.

Paranoid Personality Disorder: A personality disorder characterized by:

- Pervasive, unwarranted suspiciousness and distrust (e.g., expectation of trickery or harm, overconcern with hidden motives and meanings)
- Hypersensitivity (e.g., being easily slighted or offended, readiness to counterattack)
- Restricted affectivity (e.g., emotional coldness, no true sense of humor).