

Briefly about Mental Disorders

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Abstract

Mental disorders are conditions that alter how a person thinks, feels, and acts. Common forms of these disorders include anxiety disorders, depression, and schizophrenia. While they can hinder daily life, many people find effective treatment through professional assistance.

Keywords: Mental Disorder, Psychiatry, AI, ADHD, Mental Health

Introduction

Mental disorders encompass a variety of conditions that significantly impact a person's cognitive, emotional, and behavioral functions [1]. This category includes widely recognized issues like depression and anxiety, alongside more intricate conditions such as schizophrenia, dementia, and bipolar disorder. The global impact of mental health disorders is increasing, affecting millions and leading to notable social and economic consequences. Even with advancements in research, diagnosing mental disorders and classifying them remains a complex task.

Diagnosing mental health conditions traditionally depends on clinical assessments that are often subjective. These assessments are frequently guided by standardized tools like the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) or ICD (International Classification of Diseases). However, these traditional methods face challenges due to differences in how clinicians interpret symptoms and the reliance on self-reported data, which can vary based on a patient's communication abilities, memory, or willingness to share sensitive information. Consequently, achieving accurate and consistent mental health diagnoses continues to be a significant hurdle for effective treatment.

Mental health includes the mental well-being aspect detailed in the World Health Organization's (WHO) health definition: 'a state of complete physical, mental, and social well-being, and not merely the absence of disease' [2]. Therefore, mental health interventions focus on promoting well-being,

preventing mental disorders, and treating and rehabilitating those affected by these conditions.

The phrase 'mental disorder' usually refers to:

1. Major mental illnesses such as schizophrenia, bipolar disorders, depression, generalized anxiety disorder, phobias, obsessive-compulsive disorders, eating disorders, dementias, and delirium.
2. Developmental conditions like intellectual or learning disabilities, autism spectrum disorders, and personality disorders.
3. Substance dependency issues involving alcohol or other addictive substances.
4. Symptoms linked with physical illnesses, including mood disorders associated with Parkinson's and Huntington's diseases.

Conditions like psychotic depression, brief reactive psychosis, delusional disorder, and any disorders involving psychotic thoughts are often mistaken for schizophrenia, in part due to the frequent misuse of these terms [3].

In the early stages of an illness, it is essential to eliminate medical issues like thyroid problems, adrenal and pituitary disorders, reactions to toxic substances (like mercury and PCBs), and other organic mental disorders. Postpartum psychosis falls under the category of Mood Disorders. It's

also crucial to consider complex partial seizures, especially if there are psychosensory experiences involved. Toxic effects from both prescription medications and over-the-counter drugs, as well as street drugs and herbal substances, can imitate psychotic disorders. Prolonged use of stimulants such as amphetamines and cocaine often leads to a form of psychosis that resembles an acute paranoid schizophrenic episode very closely. While drug-induced psychoses can display all the positive symptoms of schizophrenia, they are less likely to show negative symptoms. If sensations like insects crawling on the skin are reported, and if stereotyped behaviors are observed, it may indicate stimulant abuse. Phencyclidine, a popular street drug, can trigger a response that's hard to tell apart from other psychotic disorders. Signs like cerebellar symptoms, excessive drooling, dilated pupils, and heightened deep tendon reflexes should alert the doctor to the possibility of toxic psychosis. It's crucial to consider industrial chemical toxicity, both organic and metallic, along with degenerative diseases and metabolic issues in the differential diagnosis.

Serious Mental Illness

Serious mental illness is generally characterized by a diagnosis of severe mental disorders that lead to significant functional impairments [4]. Disorders such as schizophrenia, bipolar disorder, and major depressive disorder fall into this category. About 4% of the U.S. population experiences serious mental illness, while reports indicate that 49.2%, 39.8%, and 60.5% of individuals in state and federal prisons and jails show symptoms of serious mental illness. In these groups, between 14% and 24% of individuals have had recent mental health issues, indicated by a clinical diagnosis or treatment from a mental health professional within the past year.

For individuals with serious mental illness to achieve and maintain wellness, they must have access to suitable healthcare, supportive housing, and essential resources like food, transportation, housing, education, supported employment, and social support. Without this foundation and proper treatment, there's a high chance of experiencing mental crises. The fragmented and underfunded U.S. healthcare system leads to a lack of continuous care, which can worsen mental health issues and cause crises, emergency hospital visits, and arrests. Many individuals with severe mental health challenges may ultimately find themselves homeless or incarcerated.

Global Mental Health

Global mental health disparities are significant when it comes to accessing care, using services, and achieving mental health outcomes, influenced by factors like geographic location, socioeconomic status, race, ethnicity, gender, and sexual orientation [5]. Estimates reveal that in low- and middle-income countries, four out of five people suffering from serious mental disorders cannot access essential mental health services. Poverty plays a crucial role in worsening mental health and is also a result of mental illness affecting individuals' daily functioning. Additionally, the stigma and

discrimination faced by those with mental illness and their families can intensify the challenges of managing these conditions.

For those in low-income nations, finding appropriate mental health treatment can be especially difficult. The average mental health spending per person in low-income countries is a mere \$0.20, while in high-income countries, it is \$44.84. Limited psychiatric resources and a lack of infrastructure aggravate the situation, further complicated by the hesitance of medical professionals to pursue psychiatry and their belief in supernatural explanations for mental health issues, often leading to migration to better-developed urban areas or countries. Statistics show there are only about 0.05 psychiatrists per 100,000 people in low-income countries compared to 8.59 per 100,000 in wealthier nations. Consequently, the struggle to access proper mental health care may push patients and their families to seek help from untrained faith healers or traditional practitioners. However, these healers, lacking mental health expertise and influenced by their own beliefs about mental illness, may resort to harmful methods while trying to alleviate symptoms or cure conditions.

These findings underline the urgent need for global mental health research aimed at discovering effective and affordable treatments and methods that enhance access for those who require assistance. Nevertheless, all research must be grounded in sound scientific principles and ethical considerations.

While the primary justification for conducting research lies in its scientific and social value, researchers, sponsors, ethics committees, and health authorities share a moral responsibility to ensure that studies are conducted in a manner that upholds human rights, respects participants, and maintains fairness towards the communities involved. Scientific and social gains cannot justify subjecting participants or communities to harm or wrongdoing.

Nursing

Historically, mental health nursing and care within hospitals have focused on individuals diagnosed with a mental disorder or suspected of having one [6]. The main concern for nursing is the impact of the disorder on daily living and the coping strategies associated with it. Patients admitted to hospitals often have severe, complex needs and long-standing conditions. Impairment in self-care and disruptions to daily life can occur when sleep patterns change, nutrition worsens, activity decreases, relationships become strained, and drug use increases, especially when these issues coincide with heightened symptoms of mental disorders, which may necessitate hospitalization. Those suffering from severe mental illness often require significant nursing support; acute situations might demand intensive and lifesaving care. Nurses need to bring their extensive understanding of mental disorders into play, helping patients manage the effects of their illness in everyday situations. Research led by users highlighted that people facing complex challenges

value stable relationships with professionals within a supportive atmosphere that encourages self-belief and focuses on promoting health rather than just treating illness.

A significant portion of the global nursing workforce operates in primary and secondary health care environments such as rehabilitation, residential, or community-based settings. This workforce is often viewed as a sleeping giant in the realm of health promotion. The responsibility for promoting and maintaining mental health, beyond just providing curative care for adults with serious mental illnesses, tends to be overlooked by nurses and other health professionals within the healthcare field. Nurses are uniquely positioned for health promotion; due to their widespread presence in various services, round-the-clock interactions with patients, and the close bonds they often build with patients and their families, they hold a powerful position to make a meaningful impact on a broad segment of the population.

AI

Artificial Intelligence (AI) has become a groundbreaking presence in many fields, including medicine and psychiatry [1]. It has the ability to change how we understand, diagnose, and treat mental health issues by leveraging techniques from machine learning, natural language processing, and predictive modeling. Unlike traditional methods, AI can handle vast quantities of data from diverse sources such as electronic health records, brain scans, genetic data, and even social media activity, allowing it to uncover patterns and insights that might elude human detection.

In the field of psychiatry, AI could minimize variations in diagnoses by standardizing evaluations and offering objective, data-driven assessments. For instance, AI tools can examine speech patterns, facial expressions, and physiological indicators to identify early signs of mental health disorders. These technologies can also enhance personalized treatment by forecasting how an individual might react to certain interventions, leading to improved therapeutic results. As the use of AI within mental health care evolves, it has the potential to tackle enduring issues while enhancing both the accessibility and quality of mental health services.

Deep Generative Models (DGMs) are a category of machine learning techniques designed to understand and represent complex data patterns. Unlike standard predictive models that focus on foreseeing outcomes based on input data, DGMs are built to generate new samples of data that closely resemble the original dataset. Using deep learning strategies, DGMs include frameworks such as Variational Autoencoders (VAEs), Generative Adversarial Networks (GANs), and Diffusion Models. These models have gained significant attention for their capability to uncover hidden structures within data, making them particularly useful in areas dealing with detailed and multi-faceted datasets, such as mental health.

DGMs hold promise for enhancing mental health by scrutinizing and modeling intricate patterns from various data sources, including brain imaging, genetic information, behavioral insights, and natural language processing. For instance, these models can replicate realistic neural activity patterns or create synthetic datasets that mirror the statistical qualities of actual patient data, thus allowing researchers to investigate mental disorders while maintaining patient confidentiality. Furthermore, DGMs can encourage diagnostic advancements by revealing hidden connections in complex data, such as subtle biomarkers for mental health issues or correlations between genetic traits and psychiatric symptoms. In therapeutic settings, these models can aid in developing personalized treatments by predicting how patients may react to specific interventions, empowering physicians to make more informed decisions. The capability of DGMs to connect data generation and interpretation marks them as a significant asset for enhancing the understanding and management of mental health conditions.

ADHD

The criteria for diagnosing ADHD (attention-deficit hyperactivity disorder) outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) were primarily created for children, making it challenging to apply these definitions directly to adults [7]. According to the DSM-5, signs and symptoms of ADHD should manifest before the age of 12, which can complicate adult examinations for ADHD due to differing opinions on the reliability of adults remembering their childhood symptoms. Nonetheless, research indicates that adults can accurately report symptoms from their childhood if they are queried about specific signs in a structured diagnostic interview. Additionally, reviewing past medical records or school progress reports might provide insights on whether childhood symptoms were evident.

An added difficulty in diagnosing ADHD in adults is that symptoms must lead to impairment within two or more environments. While a diagnosis in childhood typically depends on rating scales completed by parents and teachers, it might not always be feasible to gather ADHD ratings from those who knew the individual during their early years.

Considering patient confidentiality, it's crucial to gather information from sources like employers and spouses during adulthood. Self-reported impairment can be unreliable, as individuals often have an overly positive view of themselves. A more effective way to identify adult ADHD may involve using a brief, structured diagnostic interview to assess symptoms and related challenges. For instance, the Mini International Neuropsychiatric Interview (M.I.N.I. ADHD) is a structured tool that clinicians can use to evaluate if an adult with ADHD concerns actually meets the diagnostic criteria. There is also emerging evidence showing that digital toolkits can aid healthcare professionals in diagnosing, treating, and managing adult ADHD effectively.

It's always essential to consider other medical issues that might lead to inattention, hyperactivity, or impulsivity. Conditions such as depression, anxiety, mood disorders, substance use, thyroid issues, or sleep disorders must be taken into account, as these can mimic ADHD symptoms or occur alongside it.

Furthermore, when an adult shows new onset ADHD symptoms, one must consider the possibility of malingering since some might pursue an ADHD diagnosis for ulterior motives (like obtaining stimulant medications, which are often abused). It's important to note that there is no evidence indicating that adults with ADHD abuse these medications. However, they may have higher rates of substance use disorders involving alcohol, marijuana, and less frequently, other substances. In research contexts, brain imaging and electroencephalographic studies are employed to enhance understanding of ADHD's impact on brain function, yet they aren't currently advisable for clinical diagnosis or management unless there are other neurological issues present.

Dignity

The World Health Organization (WHO) has continuously emphasized the necessity of upholding social justice, equality, and dignity for individuals with mental disorders to prevent their marginalization and social exclusion [8]. A commitment to respecting human dignity should also influence the way mental health policies, plans, and services are developed. According to the WHO, a dignified life is built on fundamental human rights, including freedom from violence and abuse, protection from discrimination, autonomy, active participation in community life, and involvement in policymaking. This perspective underscores dignity as the intrinsic value of individuals, highlighting the importance of respect, recognition, self-worth, and the ability to make autonomous choices.

Although efforts have been made, public perception towards those with severe mental disorders remains largely negative. Stigma poses a serious challenge within psychiatry, being one of the most difficult issues to overcome. Stereotypes, bias, and discrimination against individuals with severe mental illness persist, impacting not only their daily interactions but also their experiences within the healthcare system, where such attitudes are prevalent among providers, harming the dignity of patients.

It is crucial to distinguish between different types of stigma. Self-stigma is when individuals incorporate society's prejudices into their own self-image, leading to feelings of shame, anger, hopelessness, or despair. Social stigma, which encompasses both public and institutional stigma, represents the negative social attitudes and beliefs that cause individuals to shun, reject, or discriminate against those with mental health issues, along with the organizational cultures that perpetuate such views. Furthermore, a lack of interest in the lived experiences of those with mental illness may hinder their ability to share their stories and interpret their

conditions. This dismisses them as individuals deserving respect in their reasoning and beliefs. These factors are significant aspects of epistemic injustice, which can arise in clinical settings. When someone receives a psychiatric diagnosis based solely on predetermined criteria related to their symptoms, rather than their unique experiences, it illustrates clear instances of epistemic injustice.

The idea of stigma, and by extension epistemic injustice, is closely linked to dignity; they are essentially two sides of the same coin. Dignity can be understood as having two components: an intrinsic element, or self-dignity, which is the inherent worth that people possess simply by being human; and an attributed element, or social dignity, which is the value and respect that individuals grant others through affirming actions.

Conclusion

Mental disorders can either be short-lived or persistent, affecting one's ability to manage daily activities. Treatment approaches vary depending on the specific mental disorder involved.

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