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Classification of Mental Disorders

Mental Health Nursing

Introduction to ICD and DSM classifications, diagnostic criteria, signs and symptoms, causes and clinical features of common psychiatric disorders.

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CHAPTER 04 / MENTAL HEALTH NURSING 04. Classification of Mental Disorders

1. Meaning and purpose

Classification organizes mental, behavioural and neurodevelopmental conditions using descriptive criteria. It supports diagnosis, communication, research, service planning, treatment selection and statistics. Labels should not replace formulation of individual needs and recovery goals.

2. ICD and DSM systems

ICD-11 (WHO) is the international classification of diseases, including mental, behavioural and neurodevelopmental disorders; WHO published clinical descriptions and diagnostic requirements in

1. 2024. DSM-5-TR (American Psychiatric Association, 2022) provides diagnostic criteria and explanatory material. ICD and DSM categories and duration thresholds may differ; use the system required by institution. Avoid equating historical terms such as neurosis/psychosis with the entire modern classification.

Group	Examples and characteristic features
Neurodevelopmental	Autism, ADHD, intellectual disability; onset during development.
Psychotic	Schizophrenia and related disorders; delusions, hallucinations, thought/behaviour changes.
Depressive/bipolar	Low mood/anhedonia or elevated/irritable mood with increased activity and other symptoms.
Anxiety/OCD/trauma-related	Excessive fear/worry, obsessions/compulsions or trauma-associated symptoms; distinct categories.
Substance-related/addictive	Impaired control, harmful use and consequences; intoxication/withdrawal may occur.
Personality	Enduring maladaptive patterns with impairment; DSM clusters and ICD-11 severity/traits differ.
Neurocognitive	Delirium, dementia/major neurocognitive disorder; cognitive/attention changes.
Somatic/dissociative	Distressing somatic preoccupation or disruptions in integrated awareness/function.

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Group	Examples and characteristic features
Eating/sleep/sexual health	Disturbed eating, sleep-wake regulation or sexual functioning; evaluate medical and contextual causes.

3. Diagnostic reasoning

Evaluate symptom pattern, duration, severity, impairment, developmental/cultural context and exclusion of medical causes, medicines or substances. E.g., new agitation and hallucinations with fluctuating attention and fever may indicate delirium rather than primary psychosis. Grief may coexist with depression, but bereavement alone does not establish diagnosis. Nurses record observable symptoms, support clinical assessment and formulate nursing diagnoses, not independently label patients outside competence.

4. Signs versus symptoms

A symptom is patient-reported experience (fear, voices); sign is observed finding (rapid speech, reduced activity). Positive psychotic symptoms add experiences (delusions), negative symptoms diminish typical functions (avolition), cognitive symptoms involve attention/memory/executive function. Syndromes are groups of findings; differential diagnosis identifies alternative explanations. Comorbidity is coexistence of conditions.

5. Important Examination Questions

Long Answer Questions

1. 1. Explain ICD and DSM classifications and uses, with examples of major groups.

Short Answer Questions

1. 1. Differentiate sign/symptom
2. 2. explain differential diagnosis
3. 3. contrast psychotic and mood disorders.

Very Short Answer Questions (with answers)

1. 1. What organization develops ICD? - WHO.
2. 2. What is DSM-5-TR? - Fifth edition text revision of Diagnostic and Statistical Manual.

6. Quick Revision

- Classification supports communication, not stigma.
- Symptoms alone may have many causes.
- Diagnosis requires context and qualified assessment.

7. Conclusion

Classification supports communication, not stigma. Symptoms alone may have many causes. Diagnosis requires context and qualified assessment.

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Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. A patient says, "I hear voices." How is this report classified when distinguishing signs from symptoms?

A. A symptom

B. An observed sign

C. A comorbidity

D. A differential diagnosis

2. Which example represents a negative psychotic symptom?

A. Delusion

B. Avolition

C. Hallucination

D. An added unusual sensory experience

3. What is the purpose of a differential diagnosis?

A. Count the number of coexisting conditions

B. Replace an assessment with a diagnostic label

C. Identify alternative explanations for the findings

D. Describe only the patient's reported symptoms

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Answer key and explanations

1. A - A symptom

A symptom is a patient-reported experience, including hearing voices.

2. B - Avolition

Negative symptoms diminish typical functions; avolition is the example given.

3. C - Identify alternative explanations for the findings

Differential diagnosis considers alternative explanations for a presentation.

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