Mental Illness Reference Guide for Social Workers

Diagnosis	Prevalence Rates[1]	Common Diagnostic Criteria	Common Lived Experiences
Major Depressive Disorder	-7.6% of the general population -more prevalent in women and younger adults	[2]-below symptoms and experiences over at least two (2) weeks -depressed mood for much of the day -lower to no interest in commonly enjoyed activities -significant weight loss or gain -over or under sleeping -change in physical activity levels and movement -fatigue and loss of energy -feeling worthless, guilty, or shameful often -lower ability to think or concentrate -recurring thoughts of death -above symptoms impair daily life, including work	-feels like a heavy fog, that the feelings are persistent and constant and bear down on them -some variations of emptiness, sadness or numbness are frequent -fatigue is commonly present -tend to move slower, socially and physically -thoughts of suicide and/or death may be present -sometimes feeling disconnected from others
Bipolar Disorder	-2.1% of the general population[3] -affects both sexes equally (women more likely to have more depressive episodes, men more likely to have more manic episodes)	[4]-depends on whether type 1 or type 2 -distinct periods (1 week or longer) -for elevated mood periods: decreased sleep, dramatically increased confidence, easily distracted, on edge, risky behaviours -for depressed mood: decreased physical activity, observable change by others, change in sleep -above symptoms impair daily life, including work	-may feel like a rollercoaster with frequent ups and downs -noticing big mood swings that consume the person -during positive episodes they're over the moon, so confident, excitable -during depressive episodes there's big emotions (like guilt and shame), persistent sadness, guilt and shame -other things may be "off" like memory, sleep, food intake or physical activity
Generalized Anxiety Disorder	-5.2% of the general population -women twice as likely to be diagnosed as men	[5]-excessive worry for more days than not over six (6) months -difficult to control the worry -anxiety and worry attached to restlessness, easy fatigue, difficulty concentrating, irritability, muscle tension, sleep disturbances -anxiety isn't related to another, different, disorder nor is it the result of substance use -above symptoms impair daily life, including work	-constant scared feelings and thoughts -restless, tense, on edge, like seizing up mentally and physically -either rumination on the past or thinking about the future -often it feels like worry leads to more worry -constantly asking "what if?" -may struggle to function
Substance Use Disorder	-4.1% combined for all substances in the general population -men diagnosed far more than women	[6]-regularly using substances to the point it impairs daily obligations -more than once using substances when it is dangerous to do so -one or more legal problems arising from using substances -continued use despite social or interpersonal problems as well as medical problems -medically concerning withdrawals -increased amounts consumed over time -increased time spent getting and consuming the substance	-mixed feelings about the substance: it helped at one time but now they usually know it causes harm -elements of secrecy and shame in the person's life related to their substance abuse -may have side-effects from the substance or withdrawal from it -may describe changing and loss of relationships

[1] From https://www150.statcan.gc.ca/n1/pub/75-006-x/2023001/article/00011-eng.htm, https://www.ncbi.nlm.nih.gov/books/NBK430883/,
[2] https://www.uptodate.com/contents/image?imageKey=PSYCH%2F89994
[3] Bipolar I and II are distinct disorders, but prevalence research combines them.
[4] https://floridabhcenter.org/wp-content/uploads/2021/02/Bipolar-Disorders_Adult-Guidelines-2019-2020.pdf
[5] https://www.ncbi.nlm.nih.gov/books/NBK519704/table/ch3.t15/
[6] https://www.ncbi.nlm.nih.gov/books/NBK92053/table/ch2.t5/

Diagnosis	Prevalence Rates[1]	Common Diagnostic Criteria	Common Lived Experiences
Borderline Personality Disorder	-Estimated 1.7% of the general population -more prevalent in women and younger adults	[1]-Evidence of symptoms over prolonged period of time -Efforts to avoid abandonment -Pattern of intense, often unstable or inconsistent, relationships -Identity disturbances -Impulsivity -Suicidal ideation -Daily functioning instability due to mood -Prolonged feelings of emptiness -Inappropriate, often intense, anger -Paranoid ideation and/or dissociation	-Big mood swings -Often feeling like they're not in control of things or their lives -fear is pervasive, particularly around relationships and fear of losing loved ones or friends -mixed feelings about relationships with friends -unstable personal identity and sense of self -often feel misunderstood
Post-Traumatic Stress Disorder	-affects 8% of the population -tends to affect women more, though men may stay silent on it	[7]-Direct or indirect exposure to death, threatened death or injury -intrusion symptoms such as frequent memories, dreams, flashbacks, intense physical and/or psychological distress to cues similar to the original trauma -persistent avoidance of stimuli similar to original trauma -negative alterations to thoughts and mood associated with traumatic event or triggers -changes in arousal and reactivity (either more or less reaction), -duration >1 month -concerns not attributable to other mental illnesses	-often feel stuck in the past -frequent reminders of the past in current stimuli but also in their imagination (like flashbacks, nightmares or intrusive thoughts) -sometimes involves hypervigilance, constantly looking out to avoid triggers or reminders -will try many things to either soothe or numb themselves from the experience and the triggers
Social Anxiety Disorder	-affects more women than men, and shows up in mostly young people (20>) -affects an estimated 1% of the population	[8]-fear of social situations where individual could be exposed to scrutiny by others -social situation almost always provokes fear -social situations are avoided wherever possible -the fear is out of proportion with the situation -the fear, anxiety and/or avoidance has lasted >6 months -concerns not attributable to other mental illnesses	-relentless fear of people -frequent fixation on self and how the person appears or shows up to others -tiny events (like phone calls or being in public) can be scary, including just the idea of being in public
Obsessive Compulsive Disorder	-1% of the Canadian population -slightly more prevalent in women, developing in adolescence and early adulthood	[9]-presence of obsessions (thoughts), compulsions (behaviours) or both -obsessions and/or compulsions are unwanted and disturb person's day to day life -either awareness of the problem or thinking it poses no problem whatsoever -concerns not attributable to other mental illnesses	-most folks are usually very aware of the process and its parts, both the thoughts and the compulsions, and there's levels of embarrassment or guilt about it -compulsions usually bring temporary relief but embarrassment once this relief subsides -often feel "trapped" by their own brain, knowing they want to end the cycle but not knowing how to
Schizophrenia	-1% of the Canadian population -affects both sexes equally, though men show symptoms earlier	[10]-a combination of two or more: delusions, hallucinations, disorganized speech, disorganized or abnormal behaviour, negative symptoms and impairments -persistence for > 6 months -concerns not attributable to other mental illnesses	-confused sense of reality, like parts of life don't make sense or line up -confused emotions, thoughts and experiences (and interpretations of them) -feelings of disconnect from life or other people

[7] https://www.ncbi.nlm.nih.gov/books/NBK207191/box/part1_ch3.box16/
[8] https://www.ncbi.nlm.nih.gov/books/NBK519712/table/ch3.t12/
[9] https://www.ncbi.nlm.nih.gov/books/NBK519704/table/ch3.t13/
[10] https://emedicine.medscape.com/article/288259-overview

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Attention-Deficit/ Hyperactivity Disorder	-4-6% -diagnosed more frequently in boys than girls	[11]-symptoms that began in developmental periods for > months and in >2 settings -evidence of consistent inattention -evidence of hyperactivity and/or impulsive behaviour -concerns not attributable to other mental illnesses	-constant struggle between wants and behaviours -flip-flopping between hyper fixation and endless distractions -some feelings of guilt or shame for symptoms -difficulties with intense feelings, actions and behaviours

[11] https://www.aafp.org/dam/AAFP/documents/patient_care/adhd_toolkit/adhd19-assessment-table1.pdf