

# CONTINUA IN MENTAL HEALTH CHALLENGES FOR OCCUPATIONAL HEALTH

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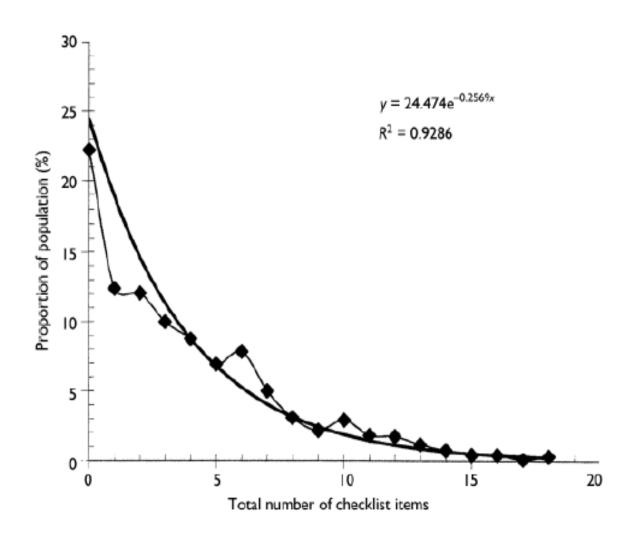


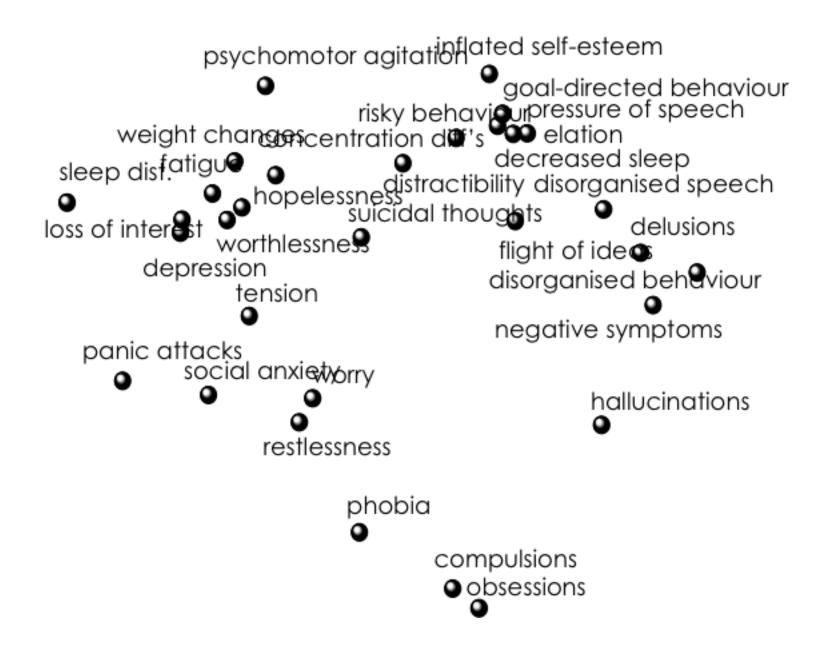
## THE TIMES, SATURDAY, JULY 22, 1854.

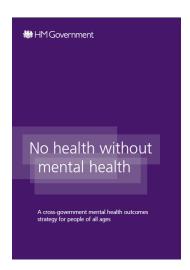


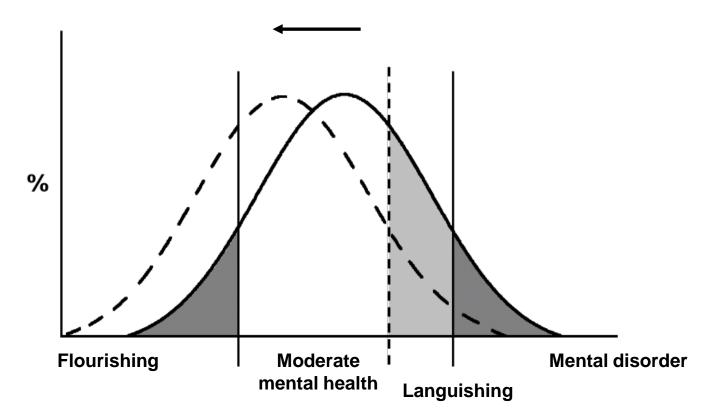
Nothing can be more slightly defined than the line of demarcation between sanity and insanity. Physicians and lawyers have vexed themselves with attempts at definition in a case where definition is impossible. There has never yet been given to the world anything in the shape of a formula upon this subject which may not be torn to shreds in five minutes by any ordinary logician. Make the definition too narrow, it becomes meaningless; make it too wide, the whole human race are involved in the drag-net. In strictness, we are all mad as often as we give way to passion, to prejudice, to vice, to vanity; but if all the passionate, prejudiced, vicious, and vain people in this world are to be locked up as lunatics, who is to keep the key of the asylum?

## Paranoia





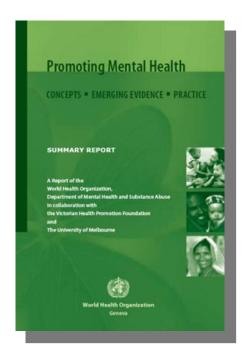






The World Health Organization defines **health** as: "... a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

Mental health is described as:
"... a state of well-being in which
the individual realizes his or her
own abilities, can cope with the
normal stresses of life, can work
productively and fruitfully, and is
able to make a contribution to his
or her community."



#### Diagnostic Criteria for 299.80 Asperger's Disorder

- (I) Qualitative impairment in social interaction, as manifested by at least two of the following:
  - (A) marked impairments in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body posture, and gestures to regulate social interaction
  - (B) failure to develop peer relationships appropriate to developmental level
  - (C) a lack of spontaneous seeking to share enjoyment, interest or achievements with other people, (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people)
  - (D) lack of social or emotional reciprocity
- (II) Restricted repetitive & stereotyped patterns of behavior, interests and activities, as manifested by at least one of the following:
  - (A) encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
  - (B) apparently inflexible adherence to specific, nonfunctional routines or rituals
  - (C) stereotyped and repetitive motor mannerisms (e.g. hand or finger flapping or twisting, or complex whole-body movements)
  - (D) persistent preoccupation with parts of objects

- (III) The disturbance causes clinically significant impairments in social, occupational, or other important areas of functioning.
- (IV) There is no clinically significant general delay in language (E.G. single words used by age 2 years, communicative phrases used by age 3 years)
- (V) There is no clinically significant delay in cognitive development or in the development of age-appropriate self help skills, adaptive behavior (other than in social interaction) and curiosity about the environment in childhood.
- (VI) Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia."

## Psychological formulations:

- •Summarise the client's core problems
- •Suggest how the client's difficulties may relate to one another, by drawing on psychological theories and principles
- Aim to explain, on the basis of psychological theory, the development and maintenance of the client's difficulties, at this time and in these situations
- •Give rise to a plan of intervention which is based in the psychological processes and principles already identified
- Are open to revision and re-formulation

'A formulation is the tool used by clinicians to relate theory to practice...It is the lynchpin that holds theory and practice together....Formulations can best be understood as hypotheses to be tested.' Butler (1998)

# Two brief psychological formulations:

- 'Asperger's syndrome'
- 'ADHD'

