have depressive episodes. People with bipolar I can become psychotic (lose touch with reality) during a manic episode. Manic episodes can be severe and dangerous, and in some cases may require hospitalisation.

- **Bipolar II disorder** is diagnosed when a person has at least one episode of depression and a less severe form of mania and hypomania. Bipolar II has less obvious or dramatic symptoms than Bipolar I disorder, however over the longer term impairment may be just as severe as in bipolar I.

- **Anxiety disorders**
  - Panic disorder is associated with regular panic attacks, which are sudden intense episodes of irrational fear, shortness of breath, dizziness and other physical symptoms.
  - Agoraphobia is often associated with panic disorder, and involves avoiding certain situations due to fear of having a panic attack.
  - Specific phobias are irrational fears that only apply to one particular situation, such as a fear of animals, insects, places or people (for example claustrophobia is a specific fear of enclosed or confined spaces).

- **Personality disorders**
  - **Cluster A** - Generally described as “odd or eccentric” in thoughts or behaviors:
    - **Paranoid personality disorder**: people with this disorder are suspicious and mistrustful of others, interpret other people’s motives as harmful, and may be hostile or emotionally detached.
    - **Schizoid personality disorder**: this disorder causes a lack of interest in social relationships and an unemotional response to social interactions.
    - **Schizotypal personality disorder**: this may cause peculiar dress, eccentric behavior, unusual or bizarre thoughts and beliefs, being uncomfortable in social settings, and trouble forming close relationships.
  - **Cluster B** - General features include unstable emotions and dramatic or impulsive behaviours:
    - **Antisocial Personality Disorder**: this disorder may cause a disregard for the law or for the rights of others with a lack of remorse, such as lying and stealing, aggression, violence or illegal behaviour.
    - **Histrionic Personality Disorder**: people with this disorder are highly emotional and dramatic, have an excessive need for attention and approval, and may be obsessed with their appearance.
    - **Borderline Personality Disorder**: the main features include fear of abandonment, intense and unstable relationships, extreme emotional outbursts, deliberate self-harm or self-destructive behaviour and a fragile sense of self or identity.
    - **Narcissistic Personality Disorder**: a pattern of inflated self esteem, need for admiration, lack of empathy or concern for others, and fantasies of success, power or beauty.
  - **Cluster C** - General features include anxious and fearful thoughts and behaviour:
- **Cognitive** - ways or patterns of **thinking** (pessimism, personalisation, self-image)
- **Somatic** - **physical** (facial twitching, stomach cramps, amenorrhea)

**Symptomology:** the set of **symptoms** characteristic of a medical condition or exhibited by a patient.

**Aetiology:** the **cause**, set of causes, or manner of causation of a disease or condition. The investigation or attribution of the cause or reason for something, often expressed in terms of historical or mythical explanation.

The **onset age:** medical term referring to the age at which an individual acquires, develops, or first experiences a **condition** or symptoms of a disease or disorder.

**Depression:** At least two weeks of a depressed mood/a loss of pleasure, or at least four of a list of factors: insomnia, loss of appetite,

**Lifetime Prevalence Rate:** risk over a **lifetime**.

**Post Traumatic Stress Disorder:**
- Some reactions can linger and disrupt lives and lives around them
- PTgrowth - getting better from PTSD
- Disaster causes trauma
- Nightmares, flashback, huilt, insomnia,
- Once called shellshock
- Psychotic disorder caused by witnessing or living through a traumatic event
- Re living the event, associating things with it, dissociation, flat emotions, anxiety, substance abuse, depression
- Genetic predispositions - can some better to deal than others?

People with PTSD often experience feelings of **panic** or extreme **fear**, similar to the fear they felt during the traumatic event. A person with PTSD experiences four main types of difficulties.

- **Re-living the traumatic event** – The person relives the event through unwanted and recurring memories, often in the form of vivid images and nightmares. There may be intense emotional or physical reactions, such as sweating, heart palpitations or panic when reminded of the event.
- **Being overly alert or wound up** – The person experiences sleeping difficulties, irritability and lack of concentration, becoming easily startled and constantly on the lookout for signs of danger.
- **Avoiding reminders of the event** – The person deliberately avoids activities, places, people, thoughts or feelings associated with the event because they bring back painful memories.
- **Feeling emotionally numb** – The person loses interest in day-to-day activities, feels cut off and detached from friends and family, or feels emotionally flat and numb.

Anyone can develop PTSD following a traumatic event, but people are at **greater risk** if the event involved **deliberate harm** such as physical or sexual assault or they have had **repeated**