
Organic, behavioral or psychosocial?

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An organic mental disorder, also known as organic brain syndrome or chronic organic brain syndrome, is a form of decreased mental function as a result of a physical or medical, rather than psychiatric, illness. It differs from dementia. Although behavioural and mental abnormalities associated with this dysfunction may be permanent, treating the disorder from its first symptoms helps to limit them. A cerebral organic cause can be diagnosed when no indication of a psychiatric or "inorganic" cause can be clearly defined as a mood disorder. The fourth version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) divides diagnoses of this disorder into three categories: delirium, dementia, and amnesia. Chronic brain syndrome can be divided into two main subgroups: acute (delirium and acute confusion) and chronic (dementia). A third entity, encephalopathy, indicates a state between delirium and dementia. Brain damage is not only caused by organic (physical) damage - such as stroke, exposure to toxic or chemical substances, organic brain disease, substance abuse, etc. - but also by other causes. - but also by non-organic lesions (from those around them) such as abuse, neglect, and severe psychological trauma [1-3].

The Symptoms depend on the causes of the organic mental disorder. Confusion, memory loss, delusions, dementia, and other abnormalities affecting judgment are the main symptoms of organic mental disorder [4-7]. A mental disorder, which may also be referred to as a psychiatric disorder or a mental disorder, refers to a set of conditions and disorders of very different origins that cause difficulties in an individual's life, suffering and emotional and behavioural disorders. Psychological disorders affect all populations, regardless of gender or age. These disorders can be chronic or permanent. It is possible to contact the attending physician or a psychiatrist, psychologist, or neuropsychiatrist. The most common examples of mental disorders are bipolar disorder, schizophrenic disorders, eating disorders, depression disorders, addictions related to the consumption of alcohol or other psychoactive substances, anxiety, phobias, etc. These disorders may lead to voluntary or compulsory hospitalisation - subject to the protection of the general interest and compliance with legislation - in psychiatric hospitals or specialised clinics. Diagnoses are made by clinical psychologists and psychiatrists using many methods, often based on specific questionnaires, interviews or observations. Medical and psychotherapeutic treatments can then be offered. Understanding of mental health differs across cultures and time periods, as well as its criteria, classifications and definition. Discrimination and stigmatization linked to certain disorders have led to the creation of social movements, patient

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associations or awareness campaigns [8,9]. Psychological disorders and mental suffering can be caused by multiple factors and sources, affecting any individual of gender and age. Moreover, the factors may be psychological, genetic, physical or environmental; genetic vulnerabilities may be related to stressful environmental events. Studies indicate that genes play an important role in the development of mental disorders. Environmental events during pregnancy and childbirth are also involved. A head injury can increase the risk of developing certain types of mental disorders. There are some well-founded links between mental disorders and viral infections, drug substances and general physical health. Environmental events such as pregnancy and childbirth are also included. The abnormal function of neurotransmitters is involved, including serotonins, norepinephrins and dopamins. In some cases, differences are also perceived in the size and activity of certain brain regions. Psychological mechanisms such as cognition, emotional responses, personality and temperament are also included, including neuroticism. Social influences are an important factor and can involve abuse, aggression and other stressful life experiences. The specific risks of developing a disorder remain lower, however. Other social aspects such as unemployment, socio-economic inequalities, lack of social cohesion can contribute to psychiatric disorders [8,10-14]. More and more data allow us today to attribute to it a growing role in certain processes of memorization, and in particular those of the declarative or conscious memory [5,7,9], via an increased presence of protein dysfunction. The treatment and medication support for mental disorders is managed by psychiatric hospitals, clinics or other specialized mental health services. Medical services in some countries are mainly based on a medical model created to support the independence, choice and personal well-being of others in order to regain an independent lifestyle, although in a minority of cases, some individuals are treated by force. There are several types of treatments and they vary greatly depending on the disorder [15-18]. Psychotropic medications to treat a mental disorder are divided into several types. Antidepressants are used as a treatment for clinical depression, anxiety and other types of mental disorders. Anxiolytics are used for anxiety disorders and other related problems such as insomnia. Neuroleptics are mainly used to treat psychotic disorders, including schizophrenia. Stimulants are commonly used, especially for attention deficit disorder.

More or less serious side or undesirable effects may occur, especially when there is excessive use of these drugs [19,20]. The public perception of psychiatric disorders remains predominantly negative and includes several representations such as incompetence, violence or criminality. Such negative representations, also included in cartoons, contribute to the stigmatization and negative attitudes of the public towards individuals with psychiatric disorders [21,22].

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