

## **The psychological perspective on mentalhealth and mental disorder research**

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Mental disability and mental health care have been neglected in the discourse around health, human rights and equality. This is perplexing as mental disabilities are pervasive, affecting approximately 8% of the world's population.

Furthermore, the experience of persons with mental disability is one characterized by multiple interlinked levels of inequality and discrimination within society. Efforts directed toward achieving formal equality should not stand alone without similar efforts to achieve substantive equality for persons with mental disabilities.

Structural factors such as poverty, inequality, homelessness, and discrimination contribute to risk for mental disability and impact negatively on the course and outcome of such disabilities.

A human rights approach to mental disability means affirming the full personhood of those with mental disabilities by respecting their inherent dignity, their individual autonomy and independence, their freedom to make their own choices.

A rights-based approach requires us to examine and transform the language, terminology and models of mental disability that have previously prevailed, especially within health discourse. Such an approach also requires us to examine the multiple ways in which inequality and discrimination characterize the lives of persons with mental disabilities and to formulate a response based on a human rights framework.

In this article, we examine issues of terminology, models of understanding mental disability, and the implications of international treaties such as the United Nations Convention on the Rights of Persons with Disabilities for our response to the inequalities and discrimination that exist within society both within and outside the healthcare system.

Finally, while acknowledging that health care professionals have a role to play as advocates for equality, non-discrimination and justice, it is persons with mental disabilities themselves who have the right to exercise agency in their own lives and who, consequently, should be at the center of advocacy movements and the setting of the advocacy agenda.

### **Workshop Abstract**

Panic disorder is a debilitating anxiety disorder characterized by recurrent, unexpected panic attacks along with persistent fears of experiencing further attacks, worry about the implications of the attacks, and/or making a significant changes in behaviors associated with the attacks (i.e., agoraphobic avoidance). Making matters worse, panic disorder (PD) has historically been considered a chronic condition, in part due to the lack of availability of effective treatments.

Fortunately, research on PD has exploded over the past 20 to 25 years. As a result, a number of contributing factors thought to be involved in the etiology and maintenance of PD have been identified, and several treatments have been developed, studied, and refined.

Of the psychological treatments, cognitive-behavioral therapy (CBT) has received the greatest amount of empirical support. It has been shown to be highly efficacious, well- tolerated, and cost-effective; currently it is the only psychological treatment recommended as first-line treatments for PD. This workshop will present attendees with an overview of cognitive and behavioral theories of panic, a summary of the empirical evidence supporting CBT, and a description of how to assess and treat the disorder.

Time will also be left for a question-and-answer segment for the workshop attendees.