



## COMMON MENTAL HEALTH DISORDERS AND THE ROLE OF PSYCHIATRY IN TREATMENT

Michael Brouillon\*, Andrew Valeria, Naudet Pirbay

Department of Adult Psychiatry, Deakin University, Geelong, Australia

**Correspondence:** Michael Brouillon, Department of Adult Psychiatry, Deakin University, Geelong, Australia;  
E-mail: broui.mich@gmail.com

**Citation:** Brouillon M (2023) Common Mental Health Disorders and the Role of Psychiatry in Treatment. Int J Ann Med Health Sci 1(1):1-8.

**Received date:** June 5, 2023; **Accepted date:** June 07, 2023; **Published date:** July 08, 2023

### Abstract

Mental health disorders represent one of the most significant public health challenges of the twenty-first century, contributing substantially to global morbidity, disability, and economic burden. Common mental health disorders—including depressive disorders, anxiety disorders, bipolar disorder, schizophrenia, and substance use disorders—affect individuals across all age groups, cultures, and socioeconomic strata. Despite advances in medical science, mental illnesses remain underdiagnosed and undertreated, particularly in low- and middle-income countries, due to stigma, limited resources, and gaps in mental health infrastructure. Psychiatry, as a specialized medical discipline, plays a central role in the identification, diagnosis, treatment, and long-term management of mental health disorders through a combination of pharmacological, psychotherapeutic, and psychosocial interventions. This review article provides a comprehensive overview of common mental health disorders and critically examines the role of psychiatry in their treatment. The article discusses epidemiology, classification, etiological factors, diagnostic frameworks, and evidence-based treatment strategies. Emphasis is placed on the biopsychosocial model, which underpins modern psychiatric practice and highlights the complex interaction of biological vulnerability, psychological processes, and social determinants in mental illness. Emerging trends such as digital psychiatry, telepsychiatry, and artificial intelligence-assisted mental health care are also explored. By synthesizing current knowledge, this article aims to enhance understanding of psychiatric practice and underscore the importance of integrated, patient-centered approaches to mental health care.

**Keywords:** Psychiatry; Mental health; Psychological disorders treatment; Mental illness; Psychotherapy; Medication; Diagnosis; Psychiatry specializations; Mental wellness

### Introduction

Mental health is an integral component of overall health and well-being, influencing how individuals think, feel, behave, and interact with others. According to the World Health Organization, mental health is defined as a state of well-being in which an individual realizes their abilities, can cope with normal stresses of life, work productively, and contribute to their community. When mental health is

compromised, it can significantly impair personal functioning, interpersonal relationships, occupational performance, and quality of life. Mental health disorders are therefore not only medical conditions but also social and economic concerns with far-reaching implications. In recent decades, the global burden of mental health disorders has increased markedly. Rapid urbanization,



structures, academic and occupational pressures, substance abuse, and exposure to conflict and trauma have all contributed to rising prevalence rates. Depression and anxiety disorders are among the leading causes of years lived with disability worldwide, while severe mental illnesses such as schizophrenia and bipolar disorder account for substantial long-term disability and healthcare utilization. Substance use disorders further exacerbate mental health challenges and are frequently associated with comorbid psychiatric conditions.

Despite their high prevalence, mental health disorders often remain inadequately addressed. Stigma and misconceptions surrounding mental illness continue to discourage individuals from seeking help, while shortages of trained mental health professionals limit access to care. In many regions, mental health services are underfunded and fragmented, resulting in delayed diagnosis, poor treatment adherence, and unfavorable outcomes. These challenges highlight the critical need for effective psychiatric services and evidence-based interventions.

Psychiatry is the branch of medicine dedicated to the prevention, diagnosis, treatment, and rehabilitation of mental health disorders. Unlike earlier models that viewed mental illness solely through a biological or moral lens, contemporary psychiatry adopts a holistic perspective that integrates biological, psychological, and social dimensions of health. Psychiatrists are uniquely trained to assess complex symptom patterns, differentiate between psychiatric and medical conditions, prescribe psychotropic medications, and coordinate multidisciplinary care. Their role extends beyond symptom control to include relapse prevention, functional recovery, and improvement of overall quality of life.

The biopsychosocial model serves as the conceptual foundation of modern psychiatric practice. This model recognizes that mental health disorders arise from the dynamic interaction of genetic predisposition, neurobiological processes, cognitive and emotional factors, and environmental influences such as family dynamics, cultural context, and socioeconomic status. Understanding these interconnections is essential for developing individualized treatment plans and delivering

The aim of this review is to provide an in-depth examination of common mental health disorders and the role of psychiatry in their treatment. By reviewing current literature and clinical practices, the article seeks to elucidate the mechanisms underlying mental illness, outline diagnostic and therapeutic strategies, and discuss emerging innovations and ongoing challenges in psychiatric care. Such an understanding is essential for clinicians, researchers, policymakers, and healthcare professionals working toward improved mental health outcomes.

## 2. Classification of Mental Health Disorder

Mental health disorders encompass a broad range of conditions characterized by disturbances in mood, cognition, perception, behavior, and functioning. Psychiatric classification systems provide standardized criteria that enable clinicians and researchers to diagnose mental illnesses reliably, communicate effectively, and plan appropriate treatment strategies. The two most widely used classification systems are the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR), developed by the American Psychiatric Association, and the International Classification of Diseases, Eleventh Revision (ICD-11), published by the World Health Organization.

Common mental health disorders are generally categorized based on symptom patterns, duration, severity, and functional impairment. Among these, depressive disorders and anxiety disorders are the most prevalent, while conditions such as bipolar disorder and schizophrenia are less common but associated with greater disability and chronicity. Substance use disorders frequently coexist with other psychiatric conditions, complicating diagnosis and management.

### 2.1 Depressive Disorder

Depressive disorders are characterized by persistent low mood, loss of interest or pleasure, reduced energy, impaired concentration, changes in appetite or sleep, feelings of worthlessness or guilt, and, in severe cases, suicidal ideation. Major depressive disorder

(MDD) is the most common form and represents a leading cause of disability worldwide. Episodes may be single or recurrent, with varying degrees of severity.

The etiology of depressive disorders is multifactorial, involving genetic vulnerability, neurochemical imbalances—particularly in serotonin, norepinephrine, and dopamine pathways—psychological factors such as negative cognitive styles, and social stressors including loss, trauma, and chronic adversity. Depression often coexists with anxiety disorders, medical illnesses, and substance use disorders, which can worsen prognosis if left untreated.

Psychiatric management of depressive disorders includes comprehensive assessment, risk evaluation for suicide, and formulation of individualized treatment plans. Pharmacological treatment typically involves antidepressants such as selective serotonin reuptake inhibitors, serotonin-norepinephrine reuptake inhibitors, and atypical antidepressants. Psychotherapeutic approaches, including cognitive behavioral therapy and interpersonal therapy, are equally important, particularly for mild to moderate depression.

## 2.1 Anxiety Disorders

Anxiety disorders comprise a group of conditions marked by excessive fear, worry, and behavioral disturbances that are disproportionate to actual threats. This category includes generalized anxiety disorder, panic disorder, social anxiety disorder, specific phobias, and obsessive-compulsive disorder. Although anxiety is a normal human response to stress, pathological anxiety is persistent, distressing, and functionally impairing.

The neurobiology of anxiety disorders involves dysregulation of fear circuits in the brain, particularly the amygdala, prefrontal cortex, and hippocampus. Genetic predisposition, early life stress, maladaptive coping mechanisms, and sociocultural factors all contribute to vulnerability. Anxiety disorders frequently present with somatic symptoms such as palpitations, breathlessness, gastrointestinal discomfort, and muscle tension, leading many patients to seek help in primary care settings.

Psychiatry plays a crucial role in differentiating anxiety disorders from medical conditions and other psychiatric illnesses. Treatment typically includes a combination of psychotherapy—most notably cognitive behavioral therapy—and pharmacological agents such as selective serotonin reuptake inhibitors, serotonin-norepinephrine reuptake inhibitors, and, in selected cases, short-term use of benzodiazepines. Long-term management.

## 2.2 Bipolar Disorder

Bipolar disorder is a chronic mood disorder characterized by alternating episodes of depression and mania or hypomania. Manic episodes involve elevated mood, increased energy, decreased need for sleep, grandiosity, and impulsive behavior.

Bipolar disorder often begins in late adolescence or early adulthood and is associated with a high risk of relapse, functional impairment, and suicide. Misdiagnosis is common, particularly when depressive episodes occur without a clear history of mania.

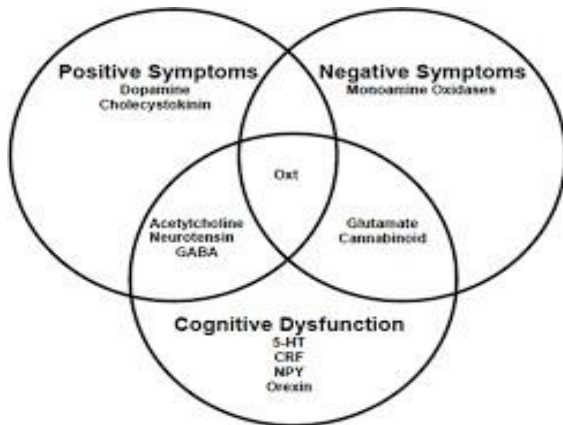
Psychiatry plays a vital role in early detection, long-term management, and relapse prevention. Mood stabilizers, psychoeducation, and regular follow-up are essential components of psychiatric care for individuals with bipolar disorder.

## 2.3 Schizophrenia and Psychotic Disorders

Schizophrenia is a severe and chronic mental disorder characterized by disturbances in thought, perception, emotion, and behavior. Core symptoms are divided into positive symptoms (hallucinations and delusions), negative symptoms (emotional blunting and social withdrawal), and cognitive impairments.

The disorder typically emerges in late adolescence or early adulthood and often leads to significant disability. The exact cause remains unclear, but genetic predisposition, neurodevelopmental abnormalities, and environmental stressors are strongly implicated. Psychiatry is central to the management of schizophrenia, focusing on symptom control, functional recovery, and social reintegration.

Long-term treatment and community-based support are critical for improving outcomes.



**Figure 1:** Symptom Domains of Schizophrenia

The symptom domains of schizophrenia and the neurotransmitter and neuropeptide systems known to play a role. Research suggests that Oxt may play a role in all three symptom domains associated with schizophrenia. 5-HT, serotonin; CRF, corticotropin-releasing factor; GABA, gamma aminobutyric acid; NPY, neuropeptide y; Oxt, oxytocin.

## 2.1 Substance Use Disorders

Substance use disorders involve a maladaptive pattern of substance consumption leading to significant impairment or distress. Common substances include alcohol, opioids, cannabis, and stimulants.

These disorders frequently coexist with other psychiatric conditions, complicating diagnosis and treatment. Psychiatry addresses substance use disorders through detoxification, relapse prevention strategies, and treatment of comorbid mental illnesses.

## 2.2 Neurodevelopmental and Childhood Disorders

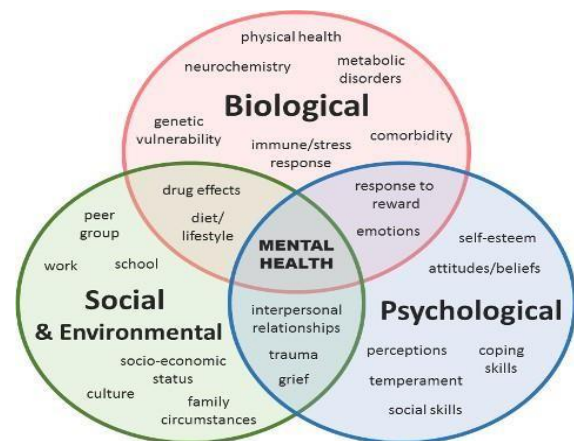
Neurodevelopmental disorders, such as ADHD and autism spectrum disorder, typically manifest in childhood but often persist into adulthood. These conditions affect cognitive, emotional, and social development.

Psychiatric intervention focuses on early diagnosis, behavioral interventions, medication management, and family support, emphasizing long-term functional outcomes.

## 2. Etiology and Pathophysiology of Mental Health Disorders

Mental health disorders arise from complex interactions between biological, psychological, and social factors. Genetic predisposition influences vulnerability, while neurochemical imbalances affect brain functioning. Psychological factors such as personality traits and coping mechanisms further shape symptom expression.

Social determinants, including poverty, trauma, and social isolation, play a significant role in triggering and maintaining mental illness. Psychiatry adopts the biopsychosocial model to understand these interactions and guide holistic treatment.



**Figure 2:** Biopsychosocial model of mental illness

## 3. Role of Psychiatry in Diagnosis

Psychiatric diagnosis involves a comprehensive assessment that goes beyond symptom checklists. Psychiatrists conduct detailed clinical interviews, mental status examinations, and risk assessments while considering cultural and contextual factors.

Accurate diagnosis allows for early intervention, appropriate treatment selection, and improved prognosis. Psychiatry also plays a key role in differentiating psychiatric disorders from medical or neurological conditions. In this process, psychiatrists carefully evaluate the duration, severity, and pattern of symptoms, as well as their impact on social, occupational, and personal functioning. Standardized diagnostic criteria and validated assessment tools are often used to enhance diagnostic reliability while still

allowing for individualized clinical judgment.

Psychiatrists also assess comorbid conditions, which are common in mental health disorders and can significantly influence treatment outcomes. The presence of coexisting anxiety, substance use, or physical illnesses often complicates diagnosis and requires a nuanced understanding of symptom overlap. Additionally, risk assessment for self-harm, suicide, or harm to others forms a critical component of psychiatric evaluation, guiding immediate clinical decisions and safety planning.

Furthermore, psychiatric diagnosis is a dynamic and ongoing process rather than a single clinical event. Psychiatrists continuously reassess patients over time, as symptoms may evolve, and new information may emerge during treatment. Collaboration with other healthcare professionals, including neurologists, physicians, and psychologists, further enhances diagnostic accuracy. Through this systematic and holistic approach, psychiatry ensures that diagnosis serves as a foundation for effective, ethical, and patient-centered mental healthcare.

#### 4. Role of Psychiatry in Treatment

Psychiatry plays a central and multifaceted role in the treatment of mental health disorders by integrating biological, psychological, and social approaches to care. As a medical specialty, psychiatry is uniquely positioned to assess the complex interaction between neurobiological processes, emotional functioning, and environmental influences that contribute to mental illness. The primary objective of psychiatric treatment is not only symptom reduction but also the restoration of functional capacity, improvement of quality of life, and prevention of relapse. Through comprehensive clinical evaluation, psychiatrists develop individualized treatment plans that consider symptom severity, illness duration, comorbid medical conditions, and psychosocial context.

A key component of psychiatric treatment is the use of pharmacological interventions. Psychiatrists are trained to prescribe and manage psychotropic medications such as antidepressants, antipsychotics, mood stabilizers, and anxiolytics. These medications act on specific neurotransmitter systems to regulate mood, perception, cognition, and behavior.

Effective medication management requires careful selection of drugs, dose optimization, monitoring of therapeutic response, and

management of side effects. Psychiatry also emphasizes long-term medication adherence and patient education, which are essential for preventing relapse, particularly in chronic conditions such as schizophrenia and bipolar disorder.

In addition to pharmacotherapy, psychiatry incorporates various psychotherapeutic approaches to address the psychological and behavioral dimensions of mental disorders. Psychotherapy enables patients to develop insight into their emotional experiences, identify maladaptive thought patterns, and build coping strategies. Psychiatric treatment often combines medication with evidence-based psychotherapies such as cognitive behavioral therapy, interpersonal therapy, or psychodynamic therapy, as this integrated approach has been shown to produce superior outcomes for many mood and anxiety disorders.

Psychiatry also plays a critical role in the management of severe and treatment-resistant mental illnesses through advanced therapeutic modalities. Interventions such as electroconvulsive therapy are used in cases of severe depression, catatonia, and acute psychosis when conventional treatments fail or rapid symptom control is required. Emerging neuromodulation techniques, including repetitive transcranial magnetic stimulation and deep brain stimulation, further expand the therapeutic options available within psychiatric practice. These interventions highlight the evolving nature of psychiatry as a discipline grounded in scientific innovation.

Beyond clinical interventions, psychiatry emphasizes continuity of care and psychosocial rehabilitation. Psychiatrists work collaboratively with multidisciplinary teams to support patients in social reintegration, vocational functioning, and recovery-oriented care. Family involvement, psychoeducation, and community-based services are integral components of psychiatric treatment, particularly for chronic mental illnesses. Through this comprehensive and patient-centered approach, psychiatry contributes significantly to reducing disability, preventing recurrence, and promoting long-term mental health and well-being.

## 5. Community Psychiatry and Public Mental Health

Community psychiatry and public mental health represent a shift from institution-based care toward a population-oriented, accessible, and preventive approach to mental healthcare. Community psychiatry focuses on delivering psychiatric services within the community setting, allowing individuals with mental health disorders to receive care while remaining integrated in their social and family environments. This approach emphasizes continuity of care, early intervention, and rehabilitation, thereby reducing the need for prolonged hospitalization and promoting recovery-oriented outcomes. By decentralizing mental health services, community psychiatry addresses barriers related to accessibility, affordability, and social exclusion, particularly among underserved and marginalized populations.

Public mental health extends the principles of community psychiatry to a broader population level by emphasizing mental health promotion, illness prevention, and policy development. It involves identifying social determinants of mental health such as poverty, unemployment, trauma, and social isolation, and implementing interventions aimed at reducing these risk factors. Psychiatry plays a crucial role in public mental health by contributing clinical expertise to mental health programs, guiding screening initiatives, and supporting the integration of mental health services into primary healthcare systems. This integration enables early detection of mental disorders and timely referral for specialized care, thereby reducing the treatment gap.

Community-based psychiatric services also prioritize psychosocial rehabilitation, including supported employment, housing assistance, and skills training, which are essential for improving functional outcomes in individuals with severe mental illnesses. Psychiatrists collaborate with multidisciplinary teams, including psychologists, social workers, nurses, and community health workers, to provide holistic care that addresses both clinical symptoms and social needs. Family involvement and community education are integral components of this model, as they help

reduce stigma and enhance adherence to treatment. Overall, community psychiatry and public mental health play a vital role in strengthening mental healthcare systems by promoting equity, accessibility, and sustainability. By shifting the focus from illness-centered to person-centered and population-based care, psychiatry contributes significantly to improving mental health outcomes, reducing disability, and enhancing overall societal well-being.

## 6. Digital Psychiatry and Telepsychiatry

Digital psychiatry and telepsychiatry have emerged as transformative approaches in mental healthcare, leveraging technology to improve access, continuity, and efficiency of psychiatric services. Telepsychiatry enables remote assessment, diagnosis, and treatment through video consultations, telephone calls, and secure digital platforms, making psychiatric care accessible to individuals in rural, remote, and underserved areas. This mode of care has proven particularly valuable in reducing geographical barriers, minimizing waiting times, and ensuring continuity of treatment for patients with chronic mental health conditions.

Digital psychiatry also encompasses the use of mobile health applications, wearable devices, and online therapeutic programs that support symptom monitoring, medication adherence, and psychoeducation. These tools empower patients to actively participate in their own care while allowing psychiatrists to track progress and intervene early when symptoms worsen. Additionally, digital platforms facilitate the delivery of evidence-based psychotherapies, such as cognitive behavioral therapy, through guided online modules.

Advances in artificial intelligence and data analytics are further enhancing digital psychiatry by enabling early screening, risk assessment, and personalized treatment planning. Despite its advantages, telepsychiatry raises important considerations related to data privacy, ethical practice, and the digital divide. Psychiatry plays a crucial role in establishing clinical standards, ensuring ethical use of technology, and integrating digital tools into traditional mental healthcare systems to optimize patient outcomes.

## 6.1 Challenges in Psychiatric Practice

Psychiatric practice faces numerous challenges that hinder the effective delivery of mental healthcare despite significant advancements in diagnosis and treatment. One of the most persistent challenges is the stigma associated with mental illness, which affects patients, families, and even healthcare systems. Stigma leads to delayed help-seeking behavior, poor treatment adherence, and social discrimination, thereby worsening clinical outcomes. Many individuals with mental health disorders avoid psychiatric services due to fear of being labeled or misunderstood, which contributes to the large global treatment gap.

Another major challenge in psychiatry is the shortage of trained mental health professionals, particularly in low- and middle-income countries. The imbalance between the high prevalence of mental health disorders and the limited availability of psychiatrists, psychologists, and mental health nurses places significant strain on existing services. This workforce shortage often results in long waiting periods, reduced consultation time, and inadequate follow-up care. Additionally, unequal distribution of resources between urban and rural areas further exacerbates disparities in access to psychiatric treatment.

Diagnostic complexity and comorbidity also pose significant challenges in psychiatric practice. Many mental health disorders share overlapping symptoms, making accurate diagnosis difficult. Psychiatric conditions frequently coexist with other mental or physical illnesses, such as depression with anxiety or substance use disorders with psychosis, complicating treatment planning. Furthermore, the absence of definitive biological markers for most psychiatric disorders places heavy reliance on clinical judgment, which may lead to variability in diagnosis and treatment outcomes.

Ethical and legal issues present further challenges in psychiatry, particularly concerning patient autonomy, informed consent, and the use of involuntary treatment in severe cases. Psychiatrists must balance patient rights with the need to ensure safety, which can be ethically complex. Rapid advancements in digital psychiatry also introduce concerns related to confidentiality, data security, and ethical use of artificial intelligence. Addressing these multifaceted challenges requires systemic

reforms, increased investment in mental health services, ongoing professional training, and public awareness initiatives to strengthen psychiatric practice and improve mental healthcare delivery.

## 7. Future Directions

The future of psychiatry is expected to be shaped by advances in neuroscience, technology, and a growing emphasis on personalized and preventive mental healthcare. One of the most promising directions is the movement toward precision psychiatry, which aims to tailor treatment based on individual genetic profiles, neurobiological markers, and clinical characteristics. Ongoing research into biomarkers, neuro imaging, and pharmacogenomics has the potential to improve diagnostic accuracy and predict treatment response, thereby reducing trial-and-error approaches in psychiatric treatment.

Early intervention and preventive strategies are also likely to play an increasingly important role in future psychiatric practice. Identifying individuals at high risk for mental disorders and implementing timely interventions can significantly improve long-term outcomes and reduce disease burden. Psychiatry is expected to strengthen its integration with primary healthcare systems, enabling early screening, referral, and management of common mental health conditions at the community level. This collaborative care model promotes accessibility and continuity of mental health services.

Technological innovation will continue to transform psychiatric care through the expanded use of digital tools, telepsychiatry, and artificial intelligence-based decision support systems. These advancements may enhance clinical efficiency, patient engagement, and remote monitoring while supporting psychiatrists in clinical decision-making. However, future practice will also require robust ethical frameworks and regulatory policies to ensure patient privacy, data security, and equitable access to digital mental health services.

Finally, future directions in psychiatry will emphasize a recovery-oriented and human-centered approach that prioritizes patient empowerment, social inclusion, and quality of life. Strengthening mental health policies,

reducing stigma and investing in workforce development will be essential for building resilient mental healthcare systems. Through interdisciplinary collaboration, innovation, and public health integration, psychiatry can continue to evolve and play a critical role in improving global mental health outcomes.

## 8. Conclusion

Mental health disorders represent a significant and growing challenge to global health, affecting individuals across all age groups and socioeconomic backgrounds. Common mental health conditions such as depression, anxiety disorders, bipolar disorder, schizophrenia, and substance use disorders contribute substantially to disability, reduced quality of life, and increased mortality. These disorders not only impact individuals and families but also place a considerable burden on healthcare systems and society as a whole.

Psychiatry plays a vital and comprehensive role in addressing mental health disorders through accurate diagnosis, evidence-based treatment, and long-term management. By integrating pharmacological interventions, psychotherapeutic approaches, community-based care, and emerging digital technologies, psychiatry provides holistic and patient-centered treatment. The biopsychosocial framework adopted in psychiatric practice ensures that biological vulnerabilities, psychological processes, and social determinants are all considered in the management of mental illness.

Despite significant progress, challenges such as stigma, limited resources, workforce shortages, and ethical complexities continue to hinder effective mental healthcare delivery. Addressing these challenges requires sustained investment in mental health services, policy reforms, public awareness initiatives, and continued research. Future advancements in personalized medicine, early intervention strategies, and digital psychiatry offer promising opportunities to improve outcomes and expand access to care.

In conclusion, strengthening psychiatric practice and integrating mental health into broader public health frameworks are essential for reducing the global burden of mental illness.

## References

1. Eisenberg L. Mindlessness and brainlessness in psychiatry. *Br J Psychiatry*.1986;148(5):497-508. [Crossref] [Google Scholar] [PubMed]
2. Shorter E. History of psychiatry. *Curr Opin Psychiatry*. 2008;21(6):593-597. [Crossref] [Google Scholar] [PubMed]
3. Bracken P, Thomas P, Timimi S, Asen E, Behr G, et al. Psychiatry beyond the current paradigm. *Br J Psychiatry*. 2012;201(6):430-434. [Crossref]
4. Michels R, Marzuk PM. Progress in psychiatry. *N Engl J Med*. 1993;329(9):628-638. [Crossref] [Google Scholar] [PubMed]
5. Kandel ER. A new intellectual framework for psychiatry. *Am J Psychiatry*. 1998;155(4):457-469. [Crossref] [Google Scholar] [PubMed]
6. Diefendorf AR. *Clinical Psychiatry*. Macmillan. 1902. [Google Scholar] [Crossref] [PubMed]
7. Kendler KS. Toward a philosophical structure for psychiatry. *Am J Psychiatry*. 2005;162(3):433-440. [Crossref] [Google Scholar] [PubMed]
8. Gabbard GO, Gabbard K. *Psychiatry and the Cinema*. American Psychiatric Pub. 1999. [Crossref] [Google Scholar] [PubMed]
9. Simon RI. *Clinical Psychiatry and the Law*. American Psychiatric Pub. 2003. [Google Scholar] [Crossref] [PubMed]
10. Gross HS. Clinical psychiatry. *Journal of Nervous and Mental Disease*. 1969;149(3):305-306. [Crossref] [Google Scholar] [PubMed]
11. First MB, Williams JBW, Karg RS, Spitzer RL. *User's Guide for the Structured Clinical Interview for DSM-5 Disorders (SCID-5)*. American Psychiatric Association Publishing; 2016. [Crossref] [Google Scholar] [PubMed]
12. Gross HS. Clinical psychiatry. *J Nerv Ment Dis* 1969;149(3):305-306. [Google Scholar] [Crossref] [PubMed]