Mental disorders

Across
3. A mental disorder in which a person's moods or emotions become extreme and interfere with daily life.
4. An idea or thought that takes over the mind and cannot be forgotten.
5. A serious eating disorder in which a person refuses to eat enough food to maintain a normal body weight.
7. Works with a client to help them achieve a full filled and satisfied state in life.
11. A mental disorder that cannot be traced to a physical cause.
13. A serious mental disorder characterized by unpredictable disturbances in thinking, mood, awareness and behavior.
18. A brief description of a person who suffers from a particular disorder.
22. A somatoform disorder characterized by a constant fear of disease and a preoccupation with ones health.
24. Are members of religious community who have practical training in counseling people with mental and social problems.
25. A situation in which several people in the same community attempt to kill themselves within a short period of time.
26. A mental disorder in which a person complains of physical symptoms for which no underlying physical cause can be found.

Down
1. A serious eating disorder in which a person. Alternates eating binges with purging.
2. Not normal.
6. A mental health professional who specializes in recognizing and treating abnormal behavior.
8. A treatment method that involves conversations with a trained professional.
9. A mental illness in which anxiety persist and interferes with normal functioning.
10. A mental disorder with a physical cause.
12. A mental disorder in which a person becomes disconnected from his or her former Identity.
14. A mental disorder in which a person is overwhelmed by sad feelings.
15. A group of symptoms characterized by loss of mental abilities.
16. An illness that affects the mind and prevents a person from being productive.
17. An unrealistic to behave in a certain way.
19. Work on the needs of others for welfare.
21. A particular treatment technique.
23. Anxiety that is related to a specific situation or object.

Name: ____________________________