

# Understanding Mental Disorders

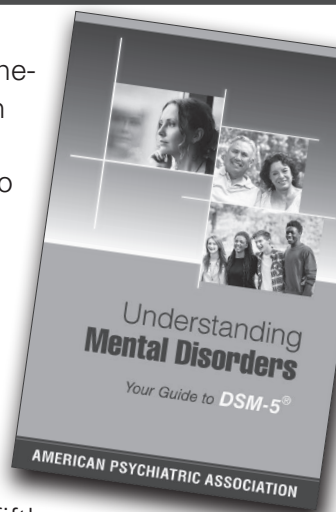
## Your Guide to DSM-5®

American Psychiatric Association

A consumer guide for anyone who has  
been touched by mental illness!

With Foreword by Patrick J. Kennedy

Most of us know someone who suffers from a mental illness. This book helps those who may be struggling with mental health problems, as well as those who want to help others achieve mental health and well-being.



Based on the latest, fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders*—known as DSM-5®—**Understanding Mental Disorders** provides valuable insight on what to expect from an illness and its treatment—and will help readers recognize symptoms, know when to seek help, and get the right care. Featured disorders include depression, schizophrenia, ADHD, autism spectrum disorder, posttraumatic stress disorder, and bipolar disorder, among others.

2015 • 388 pages • ISBN 978-1-58562-491-1  
Paperback • \$24.95 • Item #62491

AMERICAN  
PSYCHIATRIC  
ASSOCIATION  
PUBLISHING



[www.appi.org](http://www.appi.org)  
Phone: 703-907-7322  
Toll Free: 1-800-368-5777  
Email: [appi@psych.org](mailto:appi@psych.org)

20% Discount • American Psychiatric Association Members  
25% Discount • APA Resident-Fellow Members

AH1628

### PS Form 3526 Statement of Ownership, Management, and Circulation (All Periodicals Publications Except Requester Publications)

1. Publication Title AMERICAN PSYCHIATRIC PUBLISHING INC/ FOCUS	2. Publication Number 21577	ISSN 15414094	3. Filing Date 09/26/2016
4. Issue Frequency QUARTERLY	5. Number of Issues Published Annually 4	6. Annual Subscription Price \$ 394.00	
7. Complete Mailing Address of Known Office of Publication 1000 WILSON BLVD STE 1825 ARLINGTON, ARLINGTON, VA 22209-3924			Contact Person ROGER DOMRAS Telephone (703) 907-8544
8. Complete Mailing Address of Headquarters or General Business Office of Publisher 1000 Wilson Blvd., Ste. 1825 VA 22209-3924			
9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor			
Publisher (Name and complete mailing address) Rebecca Rinhart 1000 WILSON BLVD STE 1825 ARLINGTON, VA 22209-3924			
Editor (Name and complete mailing address) Mark Hyman Rapaport, M.D. 1000 WILSON BLVD STE 1825 ARLINGTON, VA 22209-3924			
Managing Editor (Name and complete mailing address) Michael Roy 1000 WILSON BLVD STE 1825 ARLINGTON, VA 22209-3924			
10. Owner (Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give names and addresses of the individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual owner. If the publication is published by a nonprofit organization, give its name and address.)			
Full Name American Psychiatric Assoc.		Complete Mailing Address 1000 WILSON BLVD STE 1825, ARLINGTON, VA 22209-3924	
11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box <input checked="" type="checkbox"/> None			
Full Name		Complete Mailing Address	
13. Publication Title AMERICAN PSYCHIATRIC PUBLISHING INC/FOCUS			
14. Issue Date for Circulation Data Below 07/01/2016			
15. Extend and Nature of Circulation			Average No. Copies Each Issue During Preceding 12 Months
a. Total Numbers of Copies (Net press run)			2718
b. Total Paid Distribution (Sum of 15b(1), (2), (3), (4))			1568
c. Total Free or Nominal Rate Distribution (Sum of 15c(1), (2), (3), (4))			437
d. Total Distribution (Sum of 15c and 15e)			2005
e. Total Free or Nominal Rate Distribution (Sum of 15d(1), (2), (3), (4))			437
f. Total Distribution (Sum of 15c and 15e)			2005
g. Copies not Distributed			0
h. Total (Sum of 15f and 15g)			2005
i. Percent Paid ((15c / 15f) times 100)			78.20 %
16. If total circulation includes electronic copies, report that circulation on lines below.			
a. Paid Electronic Copies			0
b. Total Paid Print Copies (Line 15c) + Paid Electronic Copies			0
c. Total Print Distribution (Line 15f) + Paid Electronic Copies			0
d. Percent Paid (Both Print and Electronic Copies)			0.00 %
<input checked="" type="checkbox"/> I certify that 50% of all my distributed copies (Electronic and Print) are paid above a nominal price.			
17. Publication of Statement of Ownership <input checked="" type="checkbox"/> If the publication is a general publication, publication of this statement is required. Will be printed in the 10/01/2016 issue of this publication. <input type="checkbox"/> Publication not required.			
18. Signature and Title of Editor, Publisher, Business Manager, or Owner Peter Van Woerden		Title Dir. Finance Publishing Operations	Date 09/26/2016 00:00:00 AM

PS Form 3526, September 2007 (Page 1)

PRIVACY NOTICE: See our privacy policy on [www.usps.com](http://www.usps.com)

13. Publication Title AMERICAN PSYCHIATRIC PUBLISHING INC/FOCUS		14. Issue Date for Circulation Data Below 07/01/2016	
15. Extend and Nature of Circulation			Average No. Copies Each Issue During Preceding 12 Months
a. Total Numbers of Copies (Net press run)			2718
b. Total Paid Distribution (Sum of 15b(1), (2), (3), (4))			1568
c. Total Free or Nominal Rate Distribution (Sum of 15c(1), (2), (3), (4))			437
d. Total Distribution (Sum of 15c and 15e)			2005
e. Total Free or Nominal Rate Distribution (Sum of 15d(1), (2), (3), (4))			437
f. Total Distribution (Sum of 15c and 15e)			2005
g. Copies not Distributed			0
h. Total (Sum of 15f and 15g)			2005
i. Percent Paid ((15c / 15f) times 100)			78.20 %
16. If total circulation includes electronic copies, report that circulation on lines below.			
a. Paid Electronic Copies			0
b. Total Paid Print Copies (Line 15c) + Paid Electronic Copies			0
c. Total Print Distribution (Line 15f) + Paid Electronic Copies			0
d. Percent Paid (Both Print and Electronic Copies)			0.00 %
<input checked="" type="checkbox"/> I certify that 50% of all my distributed copies (Electronic and Print) are paid above a nominal price.			
17. Publication of Statement of Ownership <input checked="" type="checkbox"/> If the publication is a general publication, publication of this statement is required. Will be printed in the 10/01/2016 issue of this publication. <input type="checkbox"/> Publication not required.			
18. Signature and Title of Editor, Publisher, Business Manager, or Owner Peter Van Woerden		Title Dir. Finance Publishing Operations	Date 09/26/2016 00:00:00 AM

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).

PS Form 3526, September 2007 (Page 2)

PRIVACY NOTICE: See our privacy policy on [www.usps.com](http://www.usps.com)