

UNDERSTANDING CARE · ONE PAGE EXPLAINER

How a mental illness changes over time

Where it comes from, how it starts, how it rises and falls, and what the outlook means.

Most mental health conditions aren't a single event. They have a history: causes that build up, a start that may be sudden or slow, stretches that are worse and better, and an outlook that depends on a lot of things, treatment included. Clinicians call that shape the course of illness. Once you can see the shape, the ups and downs make more sense and planning gets easier.

THE STAGES OF THE STORY

Etiology: where it comes from

The cause is rarely one thing. Most conditions come from a mix of biology (genes, brain chemistry, physical health), psychology (thinking patterns, coping), and circumstance (stress, loss, trauma, support). That mix is the biopsychosocial model.

Early warning signs

Before a condition fully shows up, there's often a quieter stretch: sleep changes, pulling back from people, a dip in school or work. In some conditions this is called a prodrome, and noticing it is a chance to act early.

Onset: when it starts

Onset is when symptoms cross the line into the condition. It can be sudden, over days, or gradual, over months. Age at onset matters too. Many conditions first appear in the teens and twenties.

Episodes: the worse stretches

Some conditions come in episodes, defined periods when symptoms are at a clinical level, with a start and an end. Depression and bipolar disorder often work this way.

Remission and recovery

Remission means symptoms have dropped below the level that counts as the condition. It can be partial or full. When remission lasts, clinicians talk about recovery.

Relapse and recurrence

A relapse is symptoms coming back before recovery is complete. A recurrence is a new episode after a full recovery. The words sound alike, but the difference shapes how long treatment continues.

The pattern over years

Put together, these points trace the course of illness: a single episode, repeated episodes, a steady ongoing course, or something that shifts. The pattern guides what to watch for.

Prognosis: the outlook

Prognosis is an informed estimate of how things are likely to go, based on how the condition usually behaves and on your own history. It's a forecast, not a verdict.

HOW TO USE THIS PAGE

- Track your own pattern for a few months: sleep, mood, stress, and anything that changed. It's the most useful data your clinician can get.
- Write down your personal early warning signs while you're well, and share them with someone you trust.
- Ask your clinician what your prognosis depends on. Many of the factors are things you and they can work on.

Built on George Engel's biopsychosocial model, the MacArthur task force definitions of remission, recovery, relapse, and recurrence, and large studies of age at onset.

This resource is for general education only. It is not medical, psychological, or legal advice, it does not create a clinician and patient relationship, and it is not a substitute for evaluation or treatment by a licensed professional. Laws, standards, and best practices vary by jurisdiction, and it is your responsibility to confirm what applies where you live or practice. If you use this material in clinical, educational, or workplace settings, have it reviewed for fit with your local requirements first. In a crisis in the US, call or text 988, or call 911 in an emergency.