

# Understanding Psychiatry & Mental Illness

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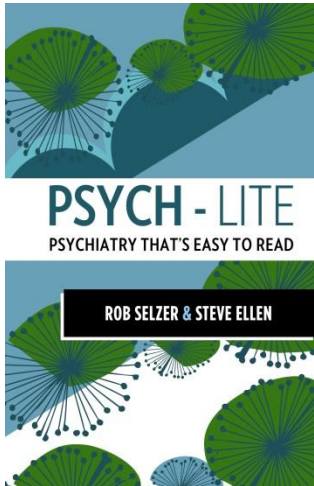
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**10 AM  
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Tuesday's, 8PM  
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# Outline

- What is mental illness?
- What are the common symptoms?
- What are the common conditions?
- What are the common treatments?
- What are the common questions?

# What is mental illness?

- No easy definition
- Changes with time
- Epilepsy used to be in the mix
- Do you include dementia?
- What about social anxiety?
- Its fluid, it evolves
- It's in the eye of the beholder!

# Begin with the building blocks!

- Disturbance of mental functions:
  - cognition
  - thinking
  - perception
  - mood
  - behaviour
- These building blocks are what psychs generally assess, and from these we try to make a diagnosis

# Cognition

- All core thinking functions
  - conscious state
  - memory and it's subdivisions
  - concentration and attention
  - maths like calculation
  - executive functions
- Key disorders = delirium & dementia

# Logical thinking

- Using your cognitive abilities to think things through clearly and relatively efficiently!!
- Stream = getting from A to B
- Form = logical or not
- Content = major thinking themes e.g. paranoid, suicidal etc
- Key Disorders = all but especially schizophrenia

# Perception

- Disorders of the five senses
  - typically hearing and vision, but any.
  - Hallucinations mainly
- Key disorders = psychotic disorders



# Mood

- Feeling state, emotions etc
- Mood is how you feel generally, and affect how you feel now.
- Mood is said to be the climate, and affect the weather
- Key Disorders = depression, bipolar disorder, anxiety disorders

# Behaviour

- The things we do!
- Eat, sleep, move about, dress, social interaction, play games etc etc
- Risk behaviour like suicidal and homicidal ideas
- Eating behaviours
- Key disorders = personality disorders, eating disorders, drugs and alcohol.

# Big ticket items in psychiatry

- Depression
- Alcohol and drugs
- Anxiety
- Schizophrenia
- Bipolar disorder
- Dementia and delirium

# Common Questions

- Are all psychiatrists mad?
- What's better – drugs or psychotherapy?
- How do you get someone to get help when they don't necessarily recognise they have a problem?
- Are mental illnesses really illnesses or just an extension of normal?
- Is it ethical to treat people against their will?
- Is ECT barbaric?

# Depression

- Common- 15% lifetime risk
- Usually missed by everyone (50% missed at any consultation)
- Most people don't have the language to describe their symptoms, and if they do, they are too embarrassed, or feel too hopeless to bother.

# Depression - DSM IV

1. Depressed mood
2. Decreased interests and pleasures
3. Weight loss or loss appetite
4. Insomnia or hypersomnia
5. Psychomotor agitation/retardation
6. Fatigue
7. Worthlessness or guilt
8. Loss concentration or thinking
9. Recurrent thoughts of death or suicidality

# The key = Recognition

- Ask about mood
- If that doesn't work, ask about whether they are enjoying things as much as usual
- If it's gone on for more than about 6 weeks it is most likely depression
- Get an assessment

# For psychs the key is.....

- Separating other disorders that mimic depression (illness, dementia, delirium)
- Figuring out why (“biopsychosocial”)
- Convincing the patient
- Negotiating an acceptable treatment



# Bipolar Disorder

- A rare form of depression that is mixed with episodes of mania
- One percent of population
- Chronic but episodic
- Also called manic depression

# Anxiety

Anxiety is an emotion that is experienced by all to varying degrees, but is difficult to define. It is similar to fear and apprehension, which serve adaptive functions in preparing people for danger but occurs in the absence of a specific danger and usually in response to anticipated problems or hazards.

# Anxiety disorders

Anxiety disorders are characterised by excessive and/or persistent levels of anxiety. Symptoms are out of proportion to the perceived threat, restrict activity, do not dissipate with reassurance and may be linked to thoughts or actions which seem excessive or ridiculous.

# Prevalence

- No one can agree
- Many believe very common, like 20%
- The conservatives would say 10%
- Why the debate.....
  - how long is a piece of string?
  - i.e. what is normal anxiety?

# The Syndromes

- Panic disorder +/- agoraphobia
- Post-traumatic stress disorder
- Obsessive compulsive disorder
- Social anxiety disorder
- Specific phobias
- Generalised anxiety disorder

# Schizophrenia

- Perception→hallucinations
- Thought→delusions
- Mood→mostly depression
- Behaviour
- Cognition? →”soft deficits”
- At least six months
- Chronic and deteriorating

# The basics

- One percent
- Onset 15 to 25 for males, 20 to 30 for females
- Lots of other causes of psychosis as well e.g. drugs, organic disease
- Cause not known
- It is NOT a split personality
- Very disabling, suicide common.

# Psychiatric Treatments

- Biological
  - Drugs
  - ECT
- Psychological
  - Psychotherapies: CBT, dynamic, IPT, hypnosis and the list goes on!
- Social
  - Housing, finance, relationships etc etc



# Good Mental Health – Psychological First Aid

- Exercise
- Diet (including caffeine & alcohol reduction)
- Relaxation
- Relationships
- Stress management techniques (Problem solving techniques)

# Medications

- Anti-depressants
- Anti-anxiety
- Anti-psychotics
- Mood Stabilisers

# Anti-depressants

- All are about equal in efficacy, the only thing that separates them is side effects
- SSRIs
  - Most popular
  - Mostly weight loss if any change
- Mirtazepine – weight gain
- Venlafaxine

# Anti-Anxiety

- Anti-Depressants are the mainstay
- Benzodiazepines are the main other option
- Diazepam (valium), temazepam, oxazepam (serapax) etc etc
- Main difference is half life
- Some are favoured for sleep, others for day time anxiety.

# Anti-Psychotics

- The new ones are called atypicals
- They work better, and have less EPSE
- Of the atypicals....
  - The main difference is the side-effect profile
  - Weight gain Vs EPSE

# Mood Stabilizers

- Lithium, carbamazepine, and sodium valproate.
- Used to stabilize mood in bipolar disorder, and help depression and mania too.
- Valproate is only one with considerable weight gain

# Specialist Psychological Therapy

- Cognitive Behaviour Therapy
  - First line
  - In office or via referral (many courses)
  - Mostly accessed via psychologists
  - Education, relaxation, behavioural and cognitive aspects
- Dynamic Psychotherapies

# Self Help

- Lots of online resources
  - > BeyondBlue – [www.beyondblue.org.au](http://www.beyondblue.org.au)
  - > Panic anxiety disorders association (PADA)
- Books: Issac Marks – Living with fear  
Andrew Page – Don't Panic



# Relaxation Techniques

- Hundreds, take your pick!
  - Slow breathing
  - Progressive Muscle Relaxation
  - Hypnosis
  - Yoga



# Treatment - Alternative

- There are multiple herbal remedies, including Kava and Valerian
- It is worth checking if patients are on these, as drug interactions are possible



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